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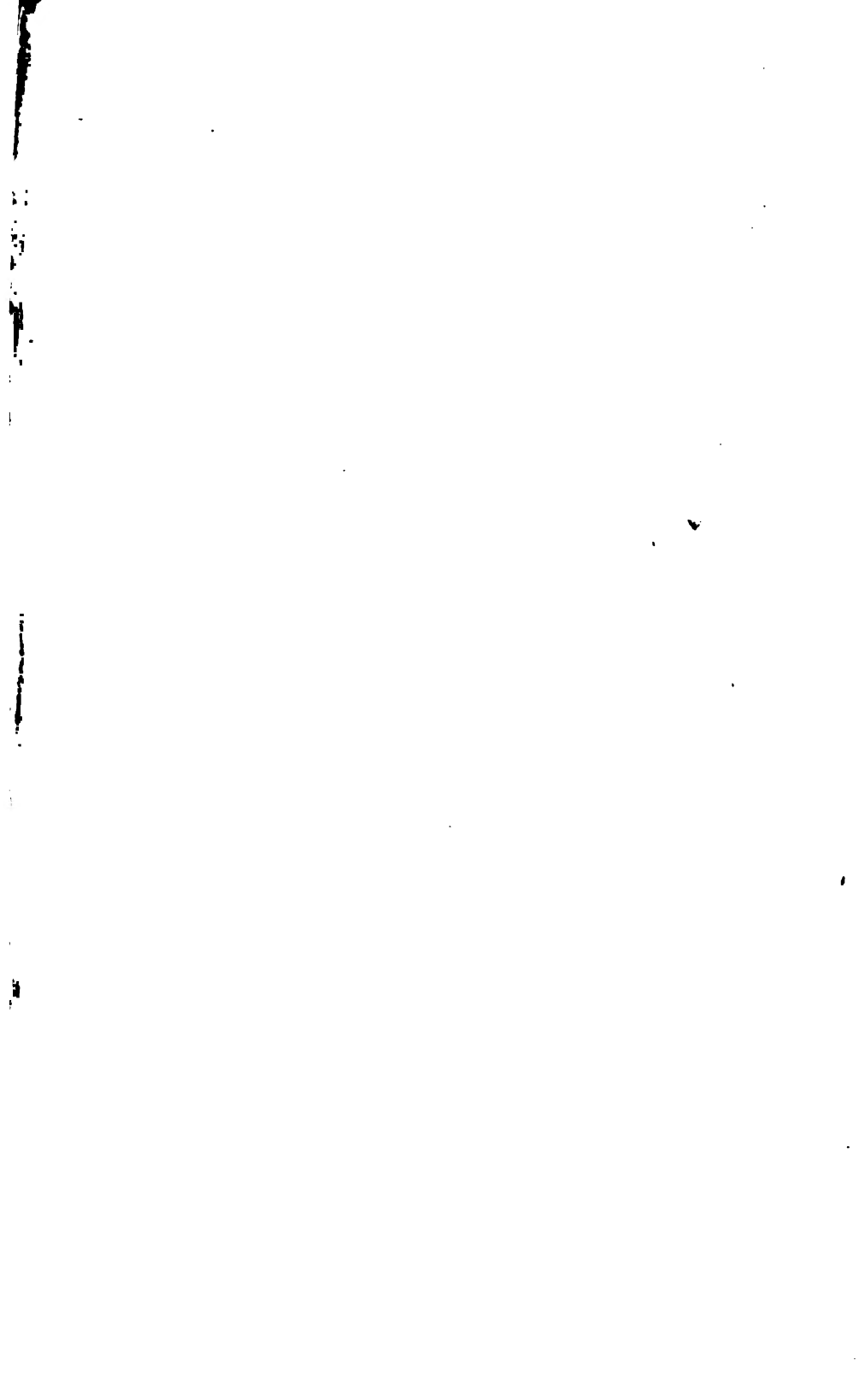
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THE
NEW ENGLAND
MEDICAL GAZETTE.

A Monthly Journal



"Die milde Macht ist gross."

VOLUME XXIV.

BOSTON:
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1889.

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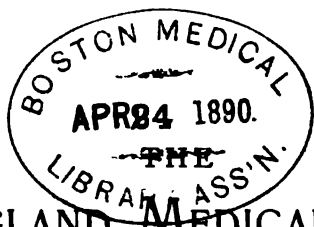
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NEW-ENGLAND MEDICAL GAZETTE.

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JANUARY, 1889.

VOL. XXIV.

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EDITORIAL.

VOLUME XXIV.

THE good cheer of Christmas-time is still so fresh, that it cannot but be in a cheerful spirit that the GAZETTE greets the coming of the New Year, and the opening of its twenty-fourth volume. But aside from the lingering optimism of Christmas, the GAZETTE could meet its opening year in no other than a contented and hopeful spirit, without most ungrateful ignoring of its "marcies," as the old negress in "Uncle Tom's Cabin" used to call them. For it rejoices in a just-closed twelvemonth of excellent success and (if it can be bold to accept the many kind things said of it in public, and to it in private,) of worthy usefulness. It has, moreover, no reason to anticipate that in the year to come, either success or usefulness will be lessened.

The Remiss Contributor, over whose shortcomings we somewhat wailed in our inaugural to Vol. XXIII., has shown signs of active reformation, we rejoice to say, in the year just past. Papers on almost every branch of medical interest have come to us from near and far; and have proved, we are sure, as welcome to our readers as to ourselves. The Remiss Contributor, as an unrepentant entity, has, however, by no means ceased to exist; and the New England version of him, in particular, will please consider the GAZETTE's reproachful spectacles levelled in his direction. While on the subject of contributions, we would proffer especial welcome to those on the subject of *materia medica*. We endeavored to point out, in our last issue, how healthful a sign is the recent awakening from drowsy acquiescence in every symptom which once had brazened its way into

print, to a rational and cautious inquiry into sources, worth and authenticity. We trust such inquiry will be the chosen work, in the year just opening, of both individuals and societies, and that the GAZETTE may share the assuredly profitable results. No controversial study, and no merely theoretical demonstration as to the validity of our present materia medica, can be so convincing as to reduce to chart form, after the manner instanced in our last and our present issues, the reported provings of a single drug. We cannot too strongly urge upon our readers such experiment.

In conclusion, we would offer a word of solicitation to the secretaries of the many local medical societies of New England. The GAZETTE has its being in a busy atmosphere; and it is manifestly impossible for its editor to keep in mind the date of the meeting of each society, and send, on each such occasion, a plea for a report of the session. Such reports, we here wish to say, once for all, and with all possible emphasis, are always welcome, and very welcome. The interest of one society in another society's growth and work should be of the heartiest; and the knowledge by which such interest is fed can be most appropriately disseminated in the pages of the journal whose ambition it is to represent them all. We make it our urgent request that such reports may, from all the homœopathic medical societies of New England, be both full and promptly forthcoming.

To all its good friends, the GAZETTE proffers its warmest hand-clasp and most cordial good wishes for a HAPPY NEW YEAR.

TWO BLUNDERS—for we fear they must be called such—are lately exciting much, if quiet, discussion, among members of the American Institute.

The November number of the *North American Journal of Homœopathy* has an able editorial entitled, "Is Homœopathy a Distinctive Organization?" This combines an article from the *Medical Counselor*, with its own ideas on the same subject. It sharply takes to task the American Institute of Homœopathy for deliberately voting, in 1887, to drop a certain journal from

its list of homœopathic medical journals, and in 1888 as positively voting to restore said journal to its former position. Now we quite agree with the *North American*, that such action, without good and sufficient reason, is wholly unwarrantable. No man, and no body of men, can gain respect or confidence by deciding a question one way today and an opposite way tomorrow. Such conduct indicates weakness, and is sure to be qualified as whiffing and shilly-shallying. These are terms which we would not like to see applied to the American Institute of Homœopathy. We believe that its forty-five years of existence abundantly prove that it is composed of a strong-minded, independent, conscientious, consistent body of men. We should therefore be unwilling to give a "snap-judgment" in this case, but carefully examine its action in this matter at the two sessions named.

The American Institute, except in this single case, has never voted into or out of its lists, any society, hospital, dispensary, club, college, or journal. It has left it to the Bureau of Statistics to gather as they could (and often this Bureau has had a hard time in doing it), any facts or statistics relating to institutions known or considered to be homœopathic, or supporting homœopathy.

When any of these institutions show an unwillingness to be included in these statistics, they are, of course, dropped; and when they refuse or neglect, after reasonable solicitation, to furnish the required statistics, they would be naturally omitted by the Statistics Bureau. Acting upon these principles, there were sufficient reasons for omitting the journal in question from the list of homœopathic journals; first, it had dropped its former title, "homœopathic"; second, it had persistently reasoned that it was unwise to continue homœopathic organizations as such, hence it was just to infer that it did not itself wish to be thus classified; third, it had neglected to furnish its statistics to the Bureau, after due solicitation. The journal could, therefore, very properly have been dropped in 1886, and would have been so dropped, but that the Bureau was unwilling to do anything which might seem in the least degree summary or unjust, even to the friends of this journal. In order to ascertain if there were good and sufficient reasons why it should be retained, the

Bureau entered upon a correspondence with the editors of the journal, but failed to get any satisfactory information as to the position of the journal in relation to homœopathy, nor were any statistics furnished. As the matter was still pending, the journal was retained in the Transactions of 1886, but should very properly have been omitted in 1887, and the editors could not justly have complained of such rejection. Unfortunately, human beings are not always wisest when their passions are roused by either real or fancied wrongs, and there were those who thought it unseemly to allow this journal to be quietly "omitted," insisting that it should be "expelled." An *ex parte* statement of its delinquencies and misdoings secured the desired vote unanimously, we believe. The journal thus suddenly found itself thrust out of the Institute mansion, and while it was travelling through space, it undoubtedly recalled those touching lines in Halleck's "Discarded":

" I suppose she was right in rejecting my suit,
But why did she kick me downstairs ? "

When the journal reached the pavement, in perhaps a slightly shaken condition, it naturally aroused sympathy in the soft and tender hearts of its former admirers, and it is possible that some few Sancho Panzas may have buckled on armor and muttered of "blood;" but when our usually level-headed *North American* waxes excusably warm at the thought that the "Senate of Seniors" deliberated on the subject, we may bring a certain solace by the assurance that whatever, as individuals, they may have said or done, we are quite sure the "grave and reverend seniors," as a body, never took any action upon the matter in question. Nor do we believe that the seniors propose to direct or interfere with the politics of the Institute.

We must deprecate any idea of uncandor in the manner of the action which rescinded the vote. But that a vote was passed, restoring to the lists a journal that is either unable or unwilling to say whether or not it wishes to be there, is true. That it was passed somewhat hurriedly, without due discussion, at the opening of the morning session, when the great body of members in attendance on the session were absent, and knew nothing of what was being done, is also, and, as we think, very unfortunately true.

We do not fear that this episode, however trifling or however important, will shatter the foundations on which the American Institute rests ; but it certainly calls attention to certain principles important to its prosperity. Covering, as it does, a whole continent, and including a great variety of independent, thoughtful minds, the Institute should exercise the greatest charity, and tolerate the broadest "liberty of medical opinion" and action ; it is unwise to stir up useless quarrels or arouse unnecessary prejudices, by coupling with any invidious reflections what might be simply a business action. Fairness, justice, and due regard for the opinions and prejudices of other members, should be carefully cultivated. Anything, however thoughtlessly done, which can suggest intrigue, or the endeavor to foist individual opinions or interests upon the Association, should be sedulously excluded. If we would see the Institute strong, respected and useful ; if we would have it progressive, and a power in its own cause, and in the medical world, it is important that every member should jealously guard its acts, that they be governed by the most apparent as well as the most real honesty, and by sound and dispassionate judgment.

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EDITORIAL NOTES AND COMMENTS.

AN INSTANCE OF THAT PROFESSIONAL BIGOTRY which is the inevitable outgrowth of creed-worshipping and consequent antagonism to all scientific progress, is found in the recent action of a small faction of homœopathic physicians, calling themselves the "Rochester Hahnemannian Society." These gentlemen, at a meeting recently held at the office of one of their number, adopted the following preamble and resolutions, which we quote in full, as published in the *Homœopathic Physician* : —

" *Whereas*, We, the members of the Rochester Hahnemannian Society, feeling the urgent need of a hospital where the principles of pure homœopathy may be put in practice, and realizing that a proper time has come for the establishment of such an institution, therefore be it

Resolved, That this society hereby assumes the responsibility of inaugurating such steps as will insure the speedy building and completion of a homœopathic hospital in Rochester ; and to further such an undertaking, the following committee

is hereby appointed to arrange a board of trustees for said hospital, and to transact such other business as may be necessary : J. A. Biegler, *Chairman*, Julius Schmitt, M.D., Allen B. Carr, M.D., R. C. Grant, M.D.

Whereas, We, the members of the Rochester Hahnemannian Society, who are in membership with the Monroe County Homœopathic Medical Society, fully believing in the rules of practice as given in the *Organon* of Samuel Hahnemann, the master, that the fundamental principles as therein given, viz., the law of similars, the totality of the symptoms, the single remedy, and the dynamic power of the drug, should be the sole foundation upon which we act in practice. And that further, that as legitimate Hahnemannian homœopaths we dissolve all the innovations which have been foisted upon homœopathy by its false practitioners, and therefore we repudiate the mixing and alternating of medicines, and disapprove of all local and mechanical applications in non-surgical diseases, and

Whereas, The present active membership of the Monroe County Homœopathic Medical Society has heretofore maintained, and does still continue, a method of practice incompatible with the above principles, and has taken a further departure in assuming a hostile attitude toward the teachings of the founder of homœopathy and his true followers, and compromising their professional principles by endeavoring to reconcile their practice with the teachings of the dominant school; now, therefore, be it

Resolved, That we deem it a duty we owe to the public and to ourselves to withdraw from the Monroe County Homœopathic Society, and we hereby tender our resignations.

J. A. BIEGLER, M.D.
R. A. ADAMS, M.D.
JULIUS SCHMITT, M.D.
ALLEN B. CARR, M.D.
VOLNEY A. HOARD, M.D.
R. C. GRANT, M.D.
W. G. BROWNELL, M.D."

There is something in the above which is very suggestive, to the unregenerate mind, of the famous petition issued by the three tailors of Tooley Street, and beginning, "We, the people of England." This action, owed to "themselves and the public" (*sic*), is taken by these gentlemen on the eve of an attempt to establish a homœopathic hospital in a city where it is needed. In "assuming the responsibility" of, by themselves, erecting this hospital, they expressly repudiate the help and co-operation of all physicians, late their associates in the county society, who refused to be bound within the close and archaic limits of the creed here set down. They practically pledge themselves, if successful in establishing, without the help they have repudiated, the hospital proposed, to exclude from the treatment of its patients "all local and mechanical applications in non-surgical diseases;" which includes, of course, all well-established, helpful, and innocent palliatives of suffering, such

as hot and cold compresses, the wet pack in hyperpyrexia, electricity and massage in nervous diseases, catheterization in retention of urine, enemata in retention of fæces, and others to be counted by the score, and which will readily suggest themselves to the every-day practitioner. In a single phrase, they will establish a hospital founded on teachings, the latest of which was promulgated about the year 1833, and to which, for over half a century, enlightened medical science has been allowed to add nothing, and from which it has been allowed to eliminate nothing. Which is not to say that nothing has been added ; since assuredly in the limited faction represented by these gentlemen, there are in vogue remedies whose nature, authority, and altitude could hardly be fathered on the writer of the *Organon*.

There are not a few journals of the homœopathic school, which claim that any attempt, on the part of the progressive and scientific homœopathists of our day, to point out, for the warning of those new to medicine, the utter absurdity, inconsistency, and foundationlessness of the claims of the "high dilutionists," arises from an invidious desire to "sow division" in the ranks of homœopathy. To such optimists, — cryers of "Peace, peace ! where there is no peace," we commend the consideration of the action here chronicled and commented upon ; not because of its intrinsic importance, which is slight enough, but because of the sentiment and the implacable narrow-mindedness it represents and embodies. The matter might be safely, perhaps, left to rest as a local quarrel, — though the quarreling seems to be largely on one side, — were it not that just this spirit will arise, in such might as it can summon, at the next session of the Institute, and demand a change in our Institute laws in the interests of precisely the bigotry here thoroughly illustrated ; should the proposed change be made, and a belief in "homœopathy" be demanded as a *sine qua non* of admission to the Institute, a myopic can see that the next step would be a definition of "homœopathy" according to the limitations thus with all distinctness above set forth ; and so the beginning of endless quarrels and disrupting strife. It is not too soon to begin the effort to arouse thought on the part of members of the Institute on this vital question, which, it is announced, the Insti-

tute will be called next June to take action upon. The "straw," insignificant in itself, here called to the notice of our readers, is thus called, because it shows in what direction one cross-current, at least, of the wind of intent, is sharply blowing.

"CHEMICAL INDICATIONS," FOR THE ADMINISTRATION OF HOMŒOPATHIC REMEDIES, formed the subject of a highly original and valuable paper read by Dr. Gibbs-Blake, at the British Homœopathic Congress, at its last session, and is made the text of a brief, but very interesting, comment by Dr. Drysdale, in the December issue of the *Homœopathic Review*. Dr. Blake, in the paper alluded to, pleads for the application of the homœopathic law to indications determinable by the "test-tube and the balance;" indications independent of "sensations," and thus definitely demonstrable, comparatively unvarying, and, of course, distinctly objective. Such indications are naturally not insisted upon as the chief factors to guide in the selection of a remedy; but only as very valuable ones, with a certain solidity of foundation exceedingly comforting to the "materialistic" mind, when called upon to reckon with a totality of symptoms. Such indications are, of course, to be obtained by exact knowledge gained by "test-tube and balance," of the alterations in normal secretions from provings or poisonings of any given drug; and once obtained under scientific tests, they are most satisfactorily permanent and reliable. The canter of the GAZETTE's pet hobby-horse will be recognized in the remark that far too much has been insecurely founded, as our *materia medica* now stands, on the unsifted "feelings as if" of imaginative provers; and any plea for exact indications, such as Dr. Blake's, meets with its unmeasuredly enthusiastic support. Dr. Drysdale's terse and excellent comment, too, strikes us as so worthy of consideration, that we append a quotation from it, and commend it to our readers' earnest attention:—

"Some time ago I called attention to this subject, when recommending tincture of senna as homœopathic to increase of urea. . . . It is of importance to know whether alterations of the proportion of the urinary elements which show altered metabolism in the system at large or particular organs, follow the rule of double and opposite action, which characterizes the bulk of the drug effects capable of homœopathic use. On this point, experimenters who hitherto have been chiefly

allopathic, are not sufficiently explicit, and it behooves our school to sift and supplement the evidence, so as to be clear upon it, as thereon must depend the applicability of any drug on the homœopathic principle. In general, the experimentalists are content with relating the primary and more obvious effects, and neglect to state what the subsequent after-effects may be. We have some exceptions, however, and I note that in Professor Cash's paper in the *British Medical Journal*, 3d November, 1888, 'it has been recorded by Jacobovitch, in the case of *healthy*, as well as of feverish children, to whom antipyrin has been given,' the nitrogenous elimination is greatly reduced. 'The inorganic *salts, sulphates, phosphates, etc.*, are markedly diminished. After discontinuance of the drug, however, all these constituents appear to be increased, even relatively to the time anterior to the administration of the drug. Metabolism seems to be held in check by antipyrin, sometimes to a remarkable extent' (p. 977). Here we see that when observation is extended to the period after the exhibition of the drug is stopped, an increase of metabolism following the primary depression of it belongs to the action of *antipyrin*. It is of essential importance to the homœopathic use of the drug to know of this double action, and the order of events, for no doubt to give *antipyrin* in diminished metabolism would be homœopathic (as far as one symptom counts in the totality), and probably curative, while given in increased metabolism it would be antipathic, and merely palliative. It is probable that this result may be forced on the allopathic school by the course of empirical use of *antipyrin*, which is now in fashion. The value of *colchicum*, as a specific in gout, has been long known empirically, but it is only lately that Noel Paton's experiments show that its primary action on the healthy body is to increase the production of uric acid, not merely to eliminate or excrete it more rapidly. This has excited the astonishment, and no doubt secret disgust, of sectarian allopaths."

AN INTERESTING DEVELOPMENT OF PSYCHOLOGICAL MEDICINE is chronicled at some length in a recent number of the *Scientific American*. The effect of color on the mental state seems to have come definitely forth from the limbo of doubtful experiments, whence it has been tentatively peeping for many years, and to have been put to definite, interesting, and appreciably successful tests, in an insane asylum of Alessandria, Italy. We quote a condensed account of the tests referred to :—

"It has long been known that a free exposure to sunlight or diffused daylight is very tranquillizing to the nerves, and the physicians at the Alessandria, acting upon this, have carried the test much further, and distinguished between the effects of different colors in the light. The rooms in the asylum having the most windows were selected, the sashes of these were filled with glass of various colors, and the walls and woodwork were painted to match the glass. A patient suffering from melancholia, who refused to eat, was placed in one of the rooms, with walls and windows of a bright red. Three hours' exposure to this influence produced cheerfulness, and he asked for food. The significance of this seemed very important to the physicians, knowing that with the insane, whose malady begins with melancholia, the refusal of food is the earliest, the most common, as well as the most dangerous symptom, and is generally persisted in, until nourishment has to be administered by

force ; so that the removal of this fancy, and the restoration of a healthy, spontaneous desire for food, in a patient subject for only a few hours to an influence the reverse of heroic, is an important fact in the annals of medicine. Another melancholy patient, who always kept his hands over his mouth, so as to shut out food and air, was placed in the red room, soon began to improve, and the next day had so far forgotten the hallucination, that he ate with a hearty appetite. Still another patient, a violent maniac, was placed in a blue room, and became quiet in an hour ; while a fourth was completely cured, after passing a day in a violet-colored room. This certainly gives a new and generally unexpected value to colors, and the value of light through stained and tinted glass."

To all but the mentally color-blind, — by whom is meant those who experience no emotional effect whatever from the sight of color massed before the eyes, — these tests will seem of far-reaching and very hopeful significance, and as pointing to a clinical utilization of facts which we all recognize as such, on a moment's consideration. What may be called the coarser effects of color, are matters of the most common experience. He must be insensitive, indeed, who could enter a room draped wholly in black, without an instant sinking of the heart and depression of spirit ; or, on the contrary, fail to be touched with a sense of something refining and purifying, at sight of the masses of white that glorify our churches at Easter-time. We know that delicate children have sometimes been affected, almost to illness, by being forced to wear mourning garments. All these hints, anything but trifling, when viewed seriously, point one way : and that way the student of psychological medicine will find it useful and interesting to follow. We should be glad to see the Alessandria experiments thoroughly, as we believe they have already been desultorily, tried in asylums on this side of the sea. It is scarcely fanciful to say that not only the insane, but neurasthenics, are admirable subjects for the experiment with color therapeutics. A bright afghan, for instance, of a warm and rich red, may, on the couch of a nervous invalid, be a missionary of good cheer.

A PLEA FOR INDULGENCE must be addressed to the subscribers of the GAZETTE, and a plea for sympathy to its journalistic contemporaries, on the ground that, owing to a sudden change of printers, both the last issue and the present one have failed to appear promptly. We greatly regret this delay, which was quite unavoidable ; and hope we may promise, in the familiar phrase of the penitent undergraduate, that "it shall not occur again."

COMMUNICATIONS.



ONE WORD MORE.

BY RICHARD HUGHES, M.D.

Dear Dr. Bender:—In acknowledging your handsome letter published in the GAZETTE for November, 1888, let me, first of all, hasten to relieve you and clear myself of what has seemed to you a reflection, but was not in the least degree intended so to be. In saying, "without consulting Jahr," the stress, in my mind, was on the "Jahr," not on the "consulting." I meant that the general knowledge of the pathogenetic action of ipecacuanha, which I am quite sure you possessed as fully as I could do, might have guided to its choice, without reference to a work which could only be of service (if then) when minute symptomatology was in question.

Turning, now, to your letter as a whole, I must say that in its main contention—for symptomatic *versus* pathological similarity—your lance really does not touch my shield. I have never questioned but that the ideal homœopathy consists in collecting the totality of symptoms of drug and disease. You recognize my acknowledgment of this truth in the introduction to my "Therapeutics," and I may venture to refer you to more recent utterances of the same tenor in my Hahnemann Lecture of 1881, and my "Knowledge of the Physician" (1884). But you say that the "therapeutical hints" contained in the body of the first-named work, do not conform to the principles of the introduction. Now here, I think, you have hardly taken into account my avowed reason for publishing it. I wrote, I said, "for students and beginners;" I attempted "to put, in a compact and accessible form, those applications of remedies to disease to which general consent or weighty testimony has given a *standard* place." These, "I went on to say," are the alphabet and grammar of homœopathic practice. The student must learn them, and cannot acquire the knowledge of them by chance or instinct; neither should he be left to the wasted labor of discovering them *de novo* for himself, by applying the materia medica to the treatment of disease. Such was my humble aim, and I know, from much gratifying testimony, that it has not been wholly missed.

So, also, in my "Pharmacodynamics," where you say that the searcher for "precisionizing" might equally find himself stranded. From the first, I alleged that that work was "no substitute for the materia medica," but rather, "a guide and companion to it;" that my office was one of commentator and interpreter, setting forth centres and spheres of action, and illu-

minating the wilderness of symptoms ordinarily presented to the student by the side-lights of toxicology, pharmacology, and clinical experience. If, in this work, or its fellow, the reader has rested content, going no further, either for his knowledge of drug-action or for his treatment of disease, it has not been through any encouragement their contents have given him.

We have thus no difference as to the ideal homœopathic practice. Our divergence begins when we find this impracticable, when you fall back upon the "mostly empirical expedients," of a symptomatic kind, which you recommend to your students, and I prefer (without ignoring these) to secure, at least, a pathological similarity. I venture to think, that in so doing, I am more "Hahnemannian" than yourself, and certainly more "homœopathic." But enough has been said in vindication of the two methods; I must leave the judgment between them to the reason and experience of our colleagues.

One word only, I would say, in reference to "characteristics." You will agree with me that there are three orders of similarity between disease and drug-action—generic, specific, and individual. The first comprises those symptoms which are common to all illness; the second, those pathognomonic of definite types of disorder; the third, those peculiar to the patient affected—idiosyncratic, in a word. Now, if you will consider, again, the passage upon characteristics you have quoted from the *Organon*, I think you will see that it is the generic symptoms, only, which are discarded by Hahnemann, as useless for the homœopathic comparison. The "prominent, uncommon, and peculiar features of the case," may, according to him, be either of the specific or of the individual class. You think the latter of more importance; I, the former; but we both seek for characteristics, we both follow the common master—which of us more wisely, others must determine.

I must not prolong this discussion, as my time for literary work is entirely taken up with the *Cyclopedia of Drug Pathogenesis*; but I owed to you the explanation, and to myself the partial vindication, which these few lines contain. And now, with every sentiment of respect, believe me, my dear doctor,

Yours very truly,

RICHARD HUGHES.

BRIGHTON, ENG., NOV. 22, 1888.

If any of our subscribers are as yet unacquainted with Mellin's Food, for Infants and Invalids, we would suggest a perusal of the attractive advertisement of Messrs. Doliber, Goodale & Co., upon another page.

We take pleasure in recommending this article to the profession at large, from our own personal knowledge of its excellence, and in view of the high indorsement of leading medical authorities.

CRITICAL ANALYSIS OF DRUG-PROVINGS.

BY CONRAD WESSELHOEFT, M.D., AND JOHN P. SUTHERLAND, M.D.

[Read before the Massachusetts Homœopathic Medical Society.]

CONCLUDED.

PART III. OUR PATHOGENESY OF IODUM. By J. P. S.

As a member of the bureau of materia medica, I have the honor of presenting to you today an analysis of our present pathogenesis of iodum. This analysis is based upon the fundamental principle, with resultant rules, suggested by the chairman of our committee, on which he has already spoken to you, and with which I need hardly say I am heartily in accord. I have, then, attempted to apply to the drug iodum the axiom, "To similar causes, there are in those similarly constituted, similar modes of physiological or pathological reaction."

Hanging before you is a sheet of paper over 8 feet square, upon which all the so-called "symptoms" of the drug under consideration, as found in Allen's *Encyclopedia*, are classified and set down. They number over 900. They are arranged in horizontal lines, each line representing an organ or function of the body, in the order followed in the familiar Hahnemannian scheme.

Before proceeding to an elucidation of this somewhat formidable chart, it is well to pause a moment, and inquire of this thronging multitude of symptoms from whence do they come, and what vouchers can we find for their reliability in the sources of their derivation? It needs scarcely more than a glance at the imposing list of 67 authorities quoted by Allen, to show us that very few of these authorities are worthy the name, when tried by even the most lax tests required by scientific drug-study. There are in the entire list but 14 recognized "provings," and not a few of these are invalidated by the incorporation of clinical symptoms. That sifter out of chaff, the *Cyclopedia of Drug Pathogenesis*, records the work of but 8 provers. The vast majority of the symptoms mapped out before you, have been obtained from individuals who took iodum, not when in a state of health, for purposes of scientific experiment, but when in a state of disease, and for anticipated medicinal effect. Persons suffering, among other unnamed disorders, from goitre, obesity, swollen glands, rheumatism, gonorrhœa, urethritis, Potts' disease, ovarian cyst, aphonia, and hydrocele. Other symptoms are simply quotations from treatises written on the drug, by such authors as Conidet père et fils, Rilliet, Gairdner, Fox, Dêspine and others. Others, again, are from cases of poisoning, fatal and otherwise, among them, 3 from "sea air." A single

symptom is furnished by Chevallier, and obtained from the effects of vapors on men working in a factory. We thus see, at the very outset of our work, how comparatively few of this enormous list of symptoms can offer directly trustworthy credentials, on which to be admitted to our text-books or tested in our practice; and it must be added that the drug under study is, unfortunately, far from unique in this respect.

Counting the 67 authorities given by Allen as so many "provers," let us attempt a brief pathogenic analysis of the references made in their records to different parts of the body. Of these "provers," then, there are recorded as having obtained symptoms of the

| | | | | |
|-----------------|-----------------|-----------------|-------------------|------------------|
| Mind . . . 19 | Head . . . 14 | Eyes . . . 23 | Ears . . . 8 | Nose . . . 13 |
| Face . . . 23 | Mouth . . . 22 | Throat . . . 19 | Appetite . . . 27 | Stomach . . . 27 |
| Abdomen . . 17 | Rectum and } 5 | Stool . . . 22 | Urinary Or- } 18 | Neck and } 7 |
| | Anus | | gans | Back |
| Chest . . . 8 | Sexual Or- } 27 | Heart and } 25 | Generalities 37 | Respiratory } 24 |
| | gans | Pulse | | Organs |
| Extremities } 6 | Upper Ex- } 11 | Lower Ex- } 9 | | |
| in General | tremities | tremities | | |
| Skin . . . 11 | Sleep and } 18 | Fever | | |
| | Dreams | Heat, etc. } 20 | | |

The above, let me reiterate, represents the number of *provers* reported as affected, not the number of symptoms obtained.

Our supreme test of the worth and usefulness of these so-called symptoms, namely their congruence, results as follows, due allowance being made for individual peculiarities of phraseology used in describing the sensations experienced:—

MENTAL SYMPTOMS are reported from 19 sources; of these, at least 16 agree in being affected toward anxiety, irritability, ill-humor and low spirits.

HEAD SYMPTOMS are reported from 14 sources. Of these, 13 claim to have had headache; but there is an almost hopeless lack of agreement in regard to time of appearance, duration, and parts affected. The longest and most startling train of head symptoms is reported—as I may add, with no invidious intention, is not surprising—by a single prover, who took the 50th dilution.

EYE SYMPTOMS are reported from 23 sources. Weakness of vision is chronicled by 8; inflamed eyes, "wild-looking" eyes, lachrymation, and swollen lids, are each claimed by 3 provers; discolored lids and pressure in eyes, by 4 provers each. The variety of the eye symptoms is far too great to be reconciled to practical use, under any known knowledge of the structure or function of the eye; so great, indeed, as to baffle the most sanguine seeker after "key-notes."

EAR SYMPTOMS are from only 8. They would indicate that subjective sounds (roaring, etc.) and difficult hearing are produced by large doses, though this inference is supported in the first case by only 4, and in the second by only 2 provers.

NOSE SYMPTOMS are noted from 13 sources. Nine report increased secretion, amounting in 7 to fluent coryza. Sneezing was marked in four, 3 of whom had no accompanying or subsequent coryza.

FACE SYMPTOMS are chronicled by 23. In 19 of these there was marked change of color, which was increased in 7 and decreased in 9, some of whom had almost the pallor of collapse. All but 3 of the 19 took appreciable doses. The expression was anxious, wan or collapsed in 8.

SYMPTOMS OF THE MOUTH are recorded from 22, but they present little congruence. Aching or painful teeth, increased secretion of saliva, and coated or furred tongue, are reported by 5 each. Alteration in taste is reported by 7, but there is no agreement as to the character of the alteration.

THROAT SYMPTOMS come from 19 sources. 10 report a sensation of "smarting" or "burning." Other symptoms indicate an irritated condition of the throat, variously phrased according to severity. Although undoubtedly when large doses are taken, a direct local effect is produced, irritation amounting to dysphagia was caused by injections into the tissues of the body remote from the throat (*vide* 44 and 46), showing a dynamic or specific as well as local action. In one case of poisoning, post-mortem examination revealed an orange-colored pseudo-membrane of considerable extent.

APPETITE SYMPTOMS are credited to 27. Appetite was increased (even to bulimia in some) in 14, and decreased (even to aversion to food in some) in 9. In many of the latter, this was evidently the effect of prolonged use of the drug. Thirst is recorded from 11 observers, and eructations from 5.

STOMACH SYMPTOMS are represented from 27 sources. The most marked congruence is found under nausea and vomiting, their being 10 of each; a good instance of an honestly established symptom. From no less than 21 sources there are also recorded various sensations suggesting those under throat, and indicating various degrees of irritation.

ABDOMINAL SYMPTOMS are from 17 sources. 6 report marked flatulence. In one fatal case the abdomen was "meteoric"; in another, the post-mortem revealed hepatitis. 13 report abdominal pain, amounting, in some instances, to cutting colic. From the report of the effects on men inhaling vapors in a factory, we get the single symptom, "most violent colic, forcing them to lie in bed."

SYMPTOMS OF THE RECTUM AND ANUS are given from only 5 sources. The symptoms are so hopelessly incongruent that under our present working rule they can only be discarded.

SYMPTOMS RELATING TO STOOL are quoted from 22 sources; and of these, no less than 16 record symptoms of an incipient or developed diarrhoea, severe in some instances; in 1, a fatal case, blood being passed. Constipation is noted in 8 instances. Unluckily, there is failure to particularize the kind of diarrhoea and the kind of constipation.

SYMPTOMS OF THE URINARY ORGANS are chronicled by 18 observers; and the testimony of 13 would seem to establish the fact that the drug has power to cause increased secretion of urine. One case, fatal, from the enormous dose of 96 grs., had almost complete suppression of urinary secretion. Iodine and albumen have not infrequently been found in the urine.

SYMPTOMS OF THE RESPIRATORY ORGANS were noted by 24. At sight, they are dreadfully incongruous; but by a rather liberal interpretation of varying phrases, we get dyspnoea or suffocative feeling in 9; alteration in voice, from hoarseness to aphonia, in 9; cough (from various causes), described as "croupy," in one instance,—in 7; and increased secretion of mucus in air-passages in 6.

"CHEST" symptoms were recorded by 8 observers; one authority is represented by one symptom—his only one in the whole pathogenesis—viz.: "pleurisy in 3 cases." The other "symptoms" proper might be strained to point in the same direction, but they are not sufficiently congruous or definite to be of any pronounced service.

SYMPTOMS OF THE "SEXUAL ORGANS" are noted by 27. The symptoms themselves point to increased or decreased functional activity; whether the one is a "primary," and the other a "secondary," action, or not, is not clearly shown in the schema. Atrophy of the testes was noticed by 4 observers, and of the mammæ by 6. How many cases are represented by these authorities it is impossible to tell.

UNDER "HEART AND PULSE" symptoms 25 observers are represented; only 2 of them being bona fide provers. There was irregular action (palpitation) in 6, and increased frequency of the pulse in 17, the pulse being sometimes energetic and full, and sometimes weak and thready.

SYMPTOMS OF "NECK AND BACK" are recorded by 6 (homœopaths), 3 of them reporting rheumatic pains, the other symptoms being altogether indefinite.

Six observers are credited with symptoms of the "**EXTREMITIES IN GENERAL**"; and of these, 4 note "trembling," the only symptom sufficiently assured to be mentioned.

Symptoms of the "SUPERIOR EXTREMITIES" are quoted from 11 authorities. We find trembling of the hand in 3 (who were not "provers"), and exaggerated trembling, or twitching, in 2.

Symptoms of the "INFERIOR EXTREMITIES" attracted the attention of 9 observers, 5 of them reporting pains more or less rheumatic in character. Cramps are twice spoken of, and a case of gangrene, typhoid fever, and spontaneous fracture of a leg, is reported (35).

Under "GENERALITIES," that scrap-basket of our symptomatology, 37 observers record symptoms, no less than 24 of them referring to weakness, exhaustion, debility; 12 refer to emaciation; 8 to tremors, and 10 to a peculiar "nervousness." The congruency here is marked and noteworthy.

Of the "SKIN" symptoms, however, congruity is not to be noted. They are quoted from 11 observers. Various kinds of eruptions, erythematous, papular, vesicular, are noted in 5 or 6.

The symptoms under "SLEEP AND DREAMS," quoted from 18 authorities, are congruous to a satisfactory extent. Restless sleep is noted by 6, and insomnia, more or less marked, by 10. Sleepiness only by 1. The "Dreams" symptoms are decidedly "various," as Mr. Venus says, and are quite beyond the range of comparison.

Lastly, the symptoms under "FEVER AND CHILLINESS" are represented by 20 authorities. 11 report chilliness, which, in the majority of cases, amounted to objective coolness; and 15 report heat amounting to fever (1 case, a quartan fever, with diarrhoea on off days, and 1 case of fever with delirium, twitching of muscles and carphologia); 11 also report sweating, more or less profuse, on various parts of the body.

To estimate the value of the more than 900 symptoms chronicled in Allen, from a pathological standpoint, justly and in detail, would require illimitable labor, and a patience on the listener's part which does not belong to unregenerate human nature. Viewed negatively, we might say that many of the symptoms proved nothing whatever but the credulity of their recorders. "Could see nothing but white paper when reading print; after reaching the end of a phrase, the commencement would become visible" (34), is a symptom which is quite enough to invalidate the whole proving in which it occurs. "Inflammation of the eyes caused by taking cold" (1), frankly does not belong in a record of drug-proving. "During menses at usual time, pains in small of back" (4), is certainly not, as it stands, of great value as a symptom of iodine. "Wakes very early, feeling very well," is a symptom far too cheerful to find place in a pathogenetic record. A mere sensation, a "feeling" that

cannot be interpreted, and is not repeated in other provings, is the very *bête noir* of the scientific worker; and iodine is rich in such. A sensation that is capable of interpretation, that has a certain pathological bearing, and is found in other provings, is of incalculable value. There are many such in the records before us, as has already been shown.

To estimate the individual value of each proving, it would have been better to have arranged the schema on the plan proposed by our chairman; but to give each of the records a perpendicular column, would, as you see, have practically required Bunker Hill monument for a support. A glance, however, could such have been possible, at provings so arranged, would have shown instantly many things of value and interest. For instance: that not one of the 67 records here presented had symptoms under every heading, some of them under only one or two. No. 1 (Hahnemann) omitted only one chance (under "Heart and Pulse"), and No. 4 (Schreter) only two opportunities of having a complete list. The symptoms presented by these observers consist of provings, clinical records, and quotations from authors, and as provings have but little value compared with less voluminous and complicated records. Tensive, sticking, stitching, pressive, drawing, cutting, itching, and other kinds of sensations abound in Nos. 1, 4, and 14, in marked distinction to the unstrained efforts at description found in other records. Some of the cases reported were serious poisonings, others were fatal, though few symptoms are credited to such. This difference is partly due to the fact that the small handful of provers were trained observers and *were looking* for everything, while most of the authorities quoted were old-school observers, who noted only well-marked deviations from the normal. Coindet père observes, for instance, "atrophy of the mammæ and testicles, without impairment of the general health." Nevertheless, he gives a long list of symptoms occurring in other parts of the body. Again, the compiler (Allen) of the records we are examining, has evidently selected from many of the authorities quoted only a few well-marked symptoms. To compare such records according to our plan would necessitate having them all entire.

The question as to the value of records Nos. 56, 57, and 59, "poisoning by sea air," admits of much debate. That "sea air" does affect certain people, children with diarrhœa, for instance, is well known, though it may not be easy to decide what ingredient of sea air is the active one.

To compare tincture provings with tincture provings, high potency with high potency, and tincture with potency provings,

as in an exhaustive analysis it is of interest to do, is impossible with these records. The following record of fatal cases of poisoning, taken, be it remembered, from Allen's *Encyclopedia*, illustrate the difficulty of making perfect comparisons :—

No. 36. From Zinck (possibly 2 fatal cases. See *Cyclopedia of Drug Pathogenesis*, Nos. 5 and 6 of "poisonings"). Unquenchable thirst; excessive diarrhœa; violent and continual erections; frequent pulse; trembling; fainting fits; restlessness; excessive heat.

No. 22. Diminished appetite; pressive sticking pains in the hepatic region; inflammation of the liver, with constant pressive pain in it, which was very hard, though only moderately swollen, with constant fever, dry tongue, great restlessness, little sleep, very small, rapid pulse, and fainting on rising up in bed; menstruation very irregular; emaciation; quartan fever, with constant diarrhœa on days free from fever.

No. 58. Irritability; delirium (before death); eyes sparkling and restless; animated, excited, anxious countenance; increased appetite; difficult digestion; feeling of suffocation at times; pulse very rapid; general tremor; restlessness; feeling of fatigue; slept badly, with nightmare and shocks as from electricity, which awoke her with a start.

Evidently other symptoms must have occurred in all of them. At least 3 other fatal cases are reported, and in the same way. Comparison is therefore practically out of the question.

The symptoms given in the *Cyclopedia of Drug Pathogenesis*, under the heading "Provings," have been arranged on a smaller sheet, to which I now call your attention.* These are bona fide provings, with doses of 1 to 18 drops of a 10% tincture. We find here that sufficient congruity which illustrates the advantages of the principle now guiding us in our work; but owing to the peculiar qualities, the perplexing idiosyncrasy of Iodum, this congruity is far less marked than in the average drug pathogenesis. These provings, also, only go a short distance in illustrating the pathogenetic power of Iodum.

For "potency" provings, the best ones in Allen are those by sea air (56, 57, 59). Here we find a certain congruity in the 3 records, and between these cases and other records, as follows: in the mental, eye, and throat symptoms, the headache, decreased appetite, constipation in 2, symptoms of the respiratory organs in 3, quickened pulse in the 3 cases, extreme emaciation in 2 of them, restless sleep and insomnia in the 3. But these are "low-potency" provings, if the estimate of Chatin, that from $\frac{1}{16}$ to $\frac{1}{10}$ milligramme of Iodine is inhaled daily at the seaside, is cor-

* Through lack of space this chart is omitted.

rect; for this would equal about $\frac{3}{32}$ to $\frac{1}{8}$ of a grain daily. Considering, first, the millions of people who live in the sea air and have good health, and second, the doubt as to whether it is Iodine or something else in sea air that affects those unused to it, and third, whether the change in climate and habits of life, etc., are not in a measure responsible for such effects;—these few provings are open to suspicion as to facts.

There are only two “high-potency” provings presented by Allen, one with the 50th dilution, the other, by several people, with the 17m (Fincke). From the latter, one symptom is quoted; viz., “symptoms of violent cold in head, ‘nose running a clear and continuous stream.’” The other proving with the 50th dilution, No. 14, is too long to quote, but it must be noted that the symptoms under “Sleep and Dreams,” and “Sexual Organs,” are truly surprising ones. This proving is voluminous. Unsupported by any appreciable congruence with other provings or poisonings, it demonstrates anew the wisdom of the rule guiding the editors of the *Cyclopedia of Drug Pathogenesis* in excluding such provings.

Our verdict from this comparison would be, that high-potency provings are valueless, as far as drug pathogenesis is concerned; and that small and repeated doses of the tincture best show the pathogenetic power of the drug. Large doses of the tincture, as with other poisons, act too violently to bring out minute shades of effects, which are so serviceable in homœopathic prescribing.

SUMMARY.—From the analysis, as a whole, we are secure in deducing these few well-established facts: in the majority of cases, the administration of safe, or “physiological” doses (wrongly so-called) of Iodum, induces a condition approaching anxiety, irritability, low spirits; headache; weakness of vision; increased secretion of nasal mucus; pallor or flush of face, with wan features; some alteration in taste; irritation of throat, manifested chiefly by smarting or burning sensations, dysphagia, and perhaps the formation of a pseudo-membrane; increase or diminution of appetite; nausea or vomiting; pain in the abdomen (colic); diarrhœa or constipation; increased excretion of urine (perhaps albuminuria); dyspnœa, hoarseness (to aphonia) and cough; pain in chest (and perhaps pleurisy); excitement, and atrophy of sexual organs; irregular and increased frequency of heart action; quickened pulse; trembling of the extremities; rheumatic pains; weakness (debility), emaciation, and nervousness; insomnia; chills, fever and sweat.

This is not a long list ; it has the inestimable merit of being a reliable one ; and I think, indeed, we shall find that it is from this list that our working indications for Iodum are drawn. An illustration of the way in which time and experience sift out for our works on therapeutics the kernels of wheat from the immense mass of chaff which still cumbers our works on materia medica, may be given by turning to one of our best known works on therapeutics (Raue's), and opening simply at random. The "indications" for the use of Iodum found under 13 distinct headings and are subjoined, a moment's consideration of them being asked* :—

CHRONIC NASAL CATARRH. — IODIUM, fetid discharge ; *nose swollen and painful*. Scrofula.

DIPHTHERIA. — IODIUM, probably useful like BROMIUM in affections of the larynx.

ACUTE LARYNGITIS. — IODIUM, *tickling cough ; husky voice ; constriction of larynx* ; worse in morning.

CHRONIC CATARRHAL LARYNGITIS. — IODIUM, follicular catarrh with ulceration ; *constant tickling cough*. *Great hunger and yet emaciation*.

CROUP. — IODIUM ;— as BROMIUM follows well after SPONGIA, so does IODIUM after HEPAR ; cough worse in the morning, rattling and no getting loose ; *hoarseness*, especially in children with black eyes and dark hair.

SPASM OF THE GLOTTIS. — IODIUM, *tightness and constriction about the larynx*, with *soreness, hoarse voice*, etc. Enlargement and induration of the glands, cervical and mesenteric ; *absence of appetite ; utter indifference to food ; scanty, high-colored urine ; † clayey evacuations ; emaciation ; yellow skin ; action of heart feeble*, and much increased by motion. (Dunham.) Rachitic children ; swelling of bronchial glands ; thymus gland (perhaps) enlarged.

BRONCHIAL CATARRH. — IODIUM, *tickling, dry cough* ; young persons subject to spitting blood ; *palpitation of the heart* ; swelling of the cervical and bronchial glands ; *progressive emaciation, but good appetite*.

WHOOPING-COUGH. — IODIUM, *patients are weak, sallow, short of breath, emaciated and have enormous appetite*.

PULMONARY CONSUMPTION. — IODIUM, *cough from constant tickling in the wind-pipe* and under the sternum, *with expectoration of a transparent mucus*, sometimes streaked with blood ; *morbid hunger, even soon after a meal, and yet loss of flesh, or else total loss of appetite ; remarkable sense of weakness and loss of breath*

* The italicized symptoms, only, are found in the symptomatology.

† In one or two provings.

in going up-stairs; *emaciation of the mammae*; copious menstruation; *morning-sweats*; dark hair and eyes.

HÆMOPTYSIS. — IODIUM, *annoying tickling cough* in phthisical persons; *oppression and palpitation*; *trembling and coldness of the extremities*.

ICTERUS. — IODIUM, *dirty, yellowish skin*; *great emaciation*; *downcast, irritable mood*; *yellow, almost dark brown, color of the face*; thick coating of the tongue; much thirst; *intense canine hunger all the time*, with *vomiting* after eating; white diarrhœic stools, alternating with constipation; dark, yellowish-green, corroding urine; after mercurial poisoning; organic lesions of the liver; dyscratic states of the system with *hectic fever*.

RHEUMATISM. — IODIUM, in chronic arthritic affections, when they are characterized by a violent, nightly pain in several joints, without swelling; previous abuse of MERCURY.

WHITE SWELLING OF THE KNEE. — IODIUM, second and third stages; fistulous openings, discharging a thin, watery ichor, and being surrounded by pale, spongy edges, which bleed easily; *feverishness*; *emaciation*. After abuse of MERCURY.

Excluding the "clinical symptoms" which abound in these indications, it will be noticed that the great majority of those which remain are to be found, also, beyond doubt, among the congruent symptoms in the "summary" just given; a fact which tells its own story.

It must be remembered that we have been studying the "symptomatology" of Iodum, as recorded in Allen's *Encyclopedia*; that the record there presented is far from admirably adapted to our purpose; that we have been dealing with a drug noted for its uncertainty of action, requiring, as it does, a peculiar idiosyncrasy to develop its full powers (this point, you will remember, is well brought out in the article on Iodum in Hughes' "Pharmacodynamics"). Yet in spite of all disadvantages, not the least of which, I realize, are the imperfections of the present study, you will, I think, admit that the whole presents one more testimony to the vital fact which our chairman is seeking to establish; viz., that it is the congruent symptoms in the pathogenetic record of our drugs on which alone we may safely rely in prescribing; and therefore, that the plan here instanced, of analyzing or studying our "provings," past and to come, is our nearest approach to a rational, feasible, and scientific one.

A SPANISH magistrate, shocked and exasperated by repeated food adulteration has issued a proclamation aflame with righteous wrath, that all wines, groceries, and provisions which, upon analysis, are proved to be injurious to health, will be confiscated forthwith and distributed to the different charitable institutions. — *Ex.*

A CASE OF PARALYSIS OF THE THIRD PAIR, FOLLOWING
SUPPRESSED ECZEMA.

BY JOHN H. PAYNE, M.D., BOSTON.

Mrs. B —, age 68, presented herself at my clinic, with the following symptoms: Complete ptosis of the upper right eyelid; complete paralysis of the internal rectus of that side, so that the eye was abducted from the central line of 7 mm.; absolute immobility, upwards and downwards; and wide mydriasis of the pupil, with immobility to light. Her vision was good, and she complained of no pain.

An analysis of the case revealed nothing of importance as to symptoms, aside from these. She asserted that the attack had come on suddenly, as I remember her statement, during sleep. She had always enjoyed the best of health, with exception of a slight dyspeptic trouble, and her family history was good. I prescribed *Caust.* 30, one dose, four times per day, and instructed her to call again in seven days. She did not put in an appearance again until fourteen days had passed, and then, to my surprise, I found that she had regained control of the action of the upper eyelid, so that not a trace of the old trouble remained; the mobility of the superior and inferior recti, and of the sphincter iris, was fully re-established, and also the mobility of the internal rectus partially so. She was enabled to converge the eye, to a point some 4 mm. within the median line.

Simultaneously with this improvement, there had appeared a dry, scaly, intensely itching eczema, on the wrists and arms. She called my attention to this, and stated that she had neglected to inform me that, previous to this attack of paralysis, she had been under treatment for a similar eczema, and had supposed herself entirely cured by local application. Her failure to inform me of the fact, during her last visit, was because she could see no connection between the two troubles.

As the paralysis of the internal rectus advanced toward a cure, the eczema asserted itself more and more, until the loss of the former was compensated for by the complete re-establishment of the latter, as it had existed when she first began her local applications. The case is still under observation.

This case has been instructive to me. Whatever of doubt I may have entertained as to the interchangeableness of disease has been entirely obliterated from my mind by this beautiful unfolding of symptoms. It seems to me a typical case of migration of disease, which, whether diagnosed as eczema or as paralysis, was one and the same thing.

FLESH which is to be examined for trichinæ should first be subjected to the action of pepsin in acidulated water; the meat becoming peptonized, the trichinæ are more easily distinguished. — *Medical Era*.

CASCARA SAGRADA FOR RHEUMATISM.

BY HENRY C. ANGELL, M.D., BOSTON.

SOME three or four years ago, a man who had formerly been under my care for disease of the eye, applied to me for advice for what he called rheumatism of his right shoulder. He said the pain went through from his shoulder to his back. I remember that he complained of want of appetite and constipation, and for these two conditions, and perhaps for some others, that I do not recall at present, I thought a laxative would be advisable. I prescribed Cascara in fluid extract, ten drops, night and morning, the dose to be gradually increased, until the constipation should be relieved. A few days later he called to tell me that he was entirely well, the rheumatism having vanished with the rest of his troubles. I was surprised, and concluded that probably the relief of his rheumatism was due, in some way, to the removal of the constipation. But lately, in looking over some reading matter accumulated during the summer vacation, I find that Dr. H. T. Goodwin (*New York Medical Journal*, June 9, 1888) had an experience singularly like mine, and which he has turned to much better account. He says:—

“The effect of Cascara Sagrada in rheumatism I discovered by accident. About three months ago I was attacked with severe rheumatic pains in my shoulder, the slightest motion causing intense pain. The third day of the attack I commenced taking, as a laxative, ten drops of the Cascara t. i. d. The first morning after taking it the pains were so much less severe that I could move my arm freely. The day following I was entirely free of all discomfort.”

He has since used it in upwards of thirty cases of rheumatism, with almost uniformly good results. It appeared to do better in many instances than the “salicylates and the iodides.”

I am giving it in five-drop doses in a case of rheumatism of the eye, and I purpose to try it in other diseases of the eye in rheumatic subjects.

HYSTERO-NEUROSES.

BY L. A. PHILLIPS, M.D., BOSTON.

[Read before the Worcester County Homœopathic Medical Society.]

EVERY physician of much experience has learned that there are many cases in which the subjective symptoms are a delusion and a snare: that is, the pain, or other symptoms complained of, would seem to indicate disturbances in organs or regions in which no lesion or abnormal condition exists; and, consequently, medication directed to and based upon these symptoms, fails to give relief, and the patient is rendered worse, rather than bet-

ter, by treatment. What is the explanation of this? They are simply and purely reflex nervous symptoms, having their origin in some other region than that in which they are manifested. Such as have their origin in the uterine organs are properly termed hystero-neuroses, and it is to these your attention is directed. Enumeration of the many and varied forms of this affection which we may meet is impracticable, but that any and all organs of the body may suffer indirectly through nervous connection with diseased or functionally deranged uterine organs, has been frequently observed and demonstrated. Nor can this seem strange, when we consider the wonderful interweaving and intermingling of the nerve-fibres of the ganglionic and cerebro-spinal nerves, and the natural sensitiveness of the nervous system, even to physiological impressions and changes in these organs; as during gestation, at puberty, and the menopause. These physiological neuroses are so common, and their origin so well known and established, that all physicians recognize their course, and generally let their treatment be governed by this rather than by the reflex symptoms themselves. If, in the natural course of physiological events, such decided, and often distressing, neuroses occur, is it strange that pathological changes and conditions in these organs should occasion similar disturbances?

The importance of recognizing the cause of such neurotic symptoms cannot be overestimated, inasmuch as treatment, which ignores the cause, is surely useless, if not actually harmful; and the confidence of the patient in her physician is destroyed, and with it, not infrequently, that of the physician in his remedies or his skill. Or else he unjustly charges his patient with being hysterical, and exaggerating her ills, or with wilfully denying the benefit of his treatment. Many women have been thus maligned, because they failed to recover from an assumed dyspepsia, gastralgia, cerebral disturbance, or palpitation of the heart, for which medicines, in greater or less quantities, had been given.

It is not my present purpose to make any extended study or elaboration of this great subject, but a few of the neuroses, which may be dependent upon uterine disease, may be mentioned; viz., melancholia, mental depression, insomnia, and even insanity; epileptiform convulsions; chorea; migraine or periodical headache; more or less constant pain in the top and back of head, and through the eyes; pain in dorsal and lumbar regions; sharp pain in left side, just below the heart; palpitation and irregular action of heart, with cold extremities, and excessive blood pressure to the head; hacking cough; dyspnoea, or even asthma. Most common of all, perhaps, are the neuroses of the

stomach, manifested by nausea, vomiting, gastralgia, belching of gas, distension, or faintness. Many more reflex symptoms might be enumerated, but these are sufficient. Now we must not infer that because all these *may* be symptoms of hysteroneuroses, that they are always, or necessarily so. How are we to determine whether this is, or is not, the case? If we learn that the symptoms are aggravated at the menstrual period, or by any disturbance or irritation of the sexual organs; if we can find no evidence of disease at the seat of pain, and especially, if symptomatically well-chosen remedies fail to afford relief, we should certainly ascertain whether there is a lesion or pathological condition of the genital organs. If there is, it should be treated surgically or otherwise, as may be indicated. If relief of local disturbances brings also relief to the other symptoms, the reflex character of the latter is demonstrated; and if not, you have certainly done no harm by treating the difficulty, whatever it may be, in the uterus, as you would do if it was ignored, when all else was dependent upon it.

A few words as to the conditions likely to cause reflex symptoms :

Any irritation to the terminal nerves of the uterus or ovaries, which are so closely connected with the sympathetic, as well as the spinal system, may convey through these nerve connections, to any hypersensitive region, the disturbance they feel. Hence, the symptoms resulting from identically the same conditions, in different individuals, may be entirely and distinctly different. The individual idiosyncrasy, the localized weakness or peculiar irritability of certain nerve-centres or ganglia, will determine the direction and form of reflex disturbance and symptomatic manifestation. The utter unreliability of these symptoms, taken alone, must then be apparent; and only by making "*the totality of symptoms*" include all *objective*, as well as subjective symptoms, can we hope for success. Congestion, flexions, erosions, hyperplasia, and particularly the contraction of cicatricial tissue, may, by nerve irritation, produce the whole train of reflex disturbances.

The proper treatment of these local conditions is not a matter for our present consideration, although upon that must depend entirely the cure of any and all hysteroneuroses. Realizing, as we must, how many sufferers are maltreated, because we fail to trace these neurotic difficulties to their source, let us give to all such cases our most careful attention, a most searching examination, and such treatment as shall remove the cause, as well as effects, rather than a purely theoretical one, which, ignoring causes, must fail to cure, or even relieve our patients.

DISEASES OF THE RECTUM.

BY F. W. HALSEY, M. D., BOSTON.

(Read before the Massachusetts Surgical and Gynecological Society.)

UNTIL within a comparatively short time, rectal diseases have not been considered of sufficient importance to require distinctive study, or to deserve a place for themselves amongst the many specialties taken up by the medical profession. All general surgeons have treated, and do treat, such forms of rectal trouble as present themselves for surgical care, but the number of surgeons who have devoted much time or thought to these diseases, *per se*, can be readily and rapidly counted. Many circumstances have contributed to this apparent neglect of a really very important class of diseases, in their relation to the human body as a whole. Chief amongst these causes may be mentioned the evident reluctance with which patients submit to an examination, unless suffering from some especially painful form of trouble, and the equal reluctance on the part of the general practitioner in suggesting the necessity of the same; a reluctance not born altogether of a desire to spare the sensitiveness of the patient, but often, also, of an inclination to shirk a rather unpleasant task; for a thorough examination of the rectum can only be made at the expense of considerable personal inconvenience, as well as a loss of considerable time. Another serious obstacle to the better appreciation of these diseases, has been the lack of efficient instruments, by the aid of which satisfactory examinations could be made; and it has only been within a few years that much progress has been made in this respect. Were the result of these diseases purely local, no chain of constitutional symptoms presenting themselves, the failure to recognize and properly treat the same would not be so disastrous. While I would avoid going to extremes, and while I cannot endorse, as a whole, the seemingly extravagant claims made by some working in this specialty, yet I am very sure that a large number of the ills to which flesh is heir are due, directly or indirectly, to some ailment of the rectum.

We all know well the intense suffering from an insignificant little fissure in the anus, the long chain of nervous and hysterical symptoms it will cause, often driving patients insane and to suicide; the great physical exhaustion it will produce, if of long continuance; we are all familiar, many of us from personal experience, with the suffering from painful hemorrhoids, the depression of mind and anguish of body, sitting or standing, caused thereby, but we do not all know the chain of nervous symptoms often produced by one or two pendulous polypi, lying between the sphincter muscles; one or more trifling-looking

papillae, lying in the same locality; a raw, irritable, ulcerated surface, here or higher up; a good-sized cavity eaten entirely out posteriorly in the rectum several inches up, secreting pus in quantity, most of which is being taken up into the circulation; a condition which we see and find in certain varieties of internal, incomplete fistulæ, and which gives, often, but very imperfect local manifestation of its presence. Some of us do know of these conditions, and it is to the end that your attention may be called to the importance of the subject, that I write the present paper. While this is undoubtedly an age of progress and rapid advancement in all the arts and sciences, noticeably so in medicine and surgery, it is also an age bristling with isms, new theories, and so-called systems; and those of us practicing in Boston have the advantage, if advantage it be (responsibility certainly it is), of living in the hot-bed of metaphysicians, Christian scientists, mental and faith workers, oxygen, hydrogen, and other devotees, *ad infinitum*. And if, as we steer our bark carefully and cautiously amongst the rocks and breakers, avoiding the perils of both "Scylla and Charybdis," we are able to make or glean a point from any of them, who shall say us nay? We acknowledge, as we do so, that no theory or system is so bad, but that a careful investigation may possibly get some good out of it; and suffering humanity demands that we shall not be content to travel in ruts and well-beaten paths, but shall strive constantly to bring the art of healing to its best and greatest perfection. At no time in the history of the world has the scientist probed more deeply into or seemed nearer in touch and sympathy with Nature and her hidden laws, than now. Year by year the surgeon with his scalpel, the scientist with the microscope and his chemicals, work out new truths, and keep pace with the scientific research in other lines. Year by year, the work of the physician is becoming more and more divided, necessitating more patient investigation, and undoubtedly better work in each subdivision.

It is in vain for our witty Jones, of Ann Arbor fame, to seek to stem the tide setting in this direction, by pleading for the big toe cases, and hinting that he is reduced to the necessity of taking up this specialty, as the big toe appears to be the only member left of the entire frame not already overworked. Nor will it do for our own Conrad to sigh, with deep lament, that, as he sees it, the umbilicus is the last and only unoffending organ that remains unclaimed by some over zealous specialist. These little jokes may call forth a laugh, but the fact remains, that, with the growing intelligence of the people, whereby good work is better appreciated than of yore, the medical profession is forced, whether it will or no, into special practice. The old

school have long recognized the force of these claims, and our own school is also doing so more and more ; our surgeons, microscopists, and pathologists, are joining hands in the working out of the problem of life. That there is an element in our school not inclined to encourage this kind of work, is a fact much to be deplored. We have a class of men, homœopaths "*par excellence*," who feel and teach that the word homœopathy, or the motto *similia similibus curantur*, and its law, is all, and in all, equal to every and all emergency ; men who are inclined to belittle pathological teaching, and to lay but faint stress on diagnosis, but insist that the search must ever be for the "key-note" and the similar. Cure your disease first, they say, and diagnose it, if you choose, afterward ; a plan of procedure, to my mind, dangerous in the extreme, and liable to engender great carelessness, if not actual disaster. Cure your disease ! "aye, there's the rub !" Could we always do so, our lines would be cast in pleasant places surely, but I have always found an accurate diagnosis, when I am able to make it, a wonderful help in the selection of the remedy. There are also in our school physicians who never use or make local applications ; they do not need to do so, they cure their cases by the indicated remedy, or not at all. I have nothing but admiration for these physicians, and regret for my own inability to go and do likewise ; but I am free to confess, I am not able to do this always, or there would be no necessity for this paper.

Rectal diseases are as common as any that afflict civilized humanity. I say civilized advisedly, for it has been noted that rectal troubles increase in direct proportion to the grade and amount of civilization, refinement, and luxury of the people. The uncivilized natives of Africa, and on this continent, are almost entirely free from these diseases ; and in the lower walks of life, among the poorer classes, rectal troubles are not very common ; but as the grade begins to rise, they become more so, and when you reach that class of people who can be said to revel in all the luxuries of life, rectal troubles become so common, that to be exempt from some form of them is the exception, rather than the rule. Probably no class of disease is more annoying, or fraught with more discomfort to the patient, than rectal disease, nor is any other more susceptible or amenable to skilful treatment.

Considering, for a moment, the anatomy of the rectum, its supply of nerves from the sacral plexus, and ganglion impar of the great sympathetic system, the unequal distribution of these nerves, the sphincters receiving so large a proportion of them, it is not difficult to account for the hypersensitiveness of the parts at this point. Keeping in mind the fact that the rectum

is only covered by its peritoneal membrane down to within four and one-half inches from the external sphincter posteriorly, and two and one-half inches anteriorly, it becomes easy to understand how an ulceration can go on, until the bowel is perforated, forming a blind fistula, and yet setting up no active inflammation, and often tolerated for months, and even years, by the patient; a condition which could not exist higher up.

Remembering, also, the anatomy of the hemorrhoidal veins, their deficiency in valvular structure, and the resulting rupture of their walls from stasis and mechanical pressure is accounted for, and the frequency of hemorrhoidal troubles is explained. First, and most important of all, is an accurate diagnosis; for without this, little good will follow. To dismiss a patient with a superficial examination, a few questions asked, a jumping, as it were, at conclusions, diagnosing as a probable "touch of the piles," prescribing some simple ointment, and telling them to call again, is not only not good practice, but is inexcusable negligence; and yet patients not infrequently present themselves for treatment, who have been under the care of reputable physicians, often for months, and yet have never been examined digitally or ocularly. On patients presenting themselves for treatment, it is very important to get a complete history of the case, and in so doing, the picture of the disease present is often drawn so clearly, that the subsequent examination is made more to confirm our diagnosis, than to discover it. It is well, however, after allowing the patient to state his case in his own words, to keep certain leading symptoms well in mind, and never fail to bring out the important points, which are: Do you have pain? If so, when, before or after stool? Does it pass off quickly, or continue for hours? Does anything protrude at stool? If so, does it return of itself, or are you obliged to replace it? Do you bleed at stool, or, in fact, at any time? Do you have any discharge of mucus or pus, after or at stool? If so, is it offensive? Are the bowels regular, or constipated? Is there anything peculiar as to size or formation of stool? These, and any other leading points which may suggest themselves to you, noted, an intelligent idea of the case can be arrived at, and an examination can now be made. It is my custom to instruct patients coming for examination, to take a copious enema, thoroughly evacuating the rectum and lower bowel. Should the patients think to facilitate matters, and clean themselves out by a purgative before coming, beware!! The examination had better be postponed. If, however, no preparation has been made, and your case indicates trouble several inches up, conveniences should be at hand to enable your patient to take a liberal enema, for unless the rectum be practically empty, your examination will

not be satisfactory. Various positions are assumed by the patient during an examination, depending on the preference of the surgeon, and the nature of the trouble. The most satisfactory position, however, is on the side, — left or right, it makes very little difference which, the knees well flexed, and drawn up towards the abdomen; the table of good height, the operator, sitting in a common chair, is ready for convenient work. First, a thorough inspection of the external parts is necessary, noting all abnormalities, including external tumors, fistulous openings, fissures, pendulous excrescences of skin, etc., carefully feeling around the anus for any hardness or induration indicating an abscess, or the formation of a fistulous track. Make an especial note of the condition of the external sphincter, if it be flaccid, of good fair tonicity, or unduly contracted; should the latter feature be present, this will suggest to you a possible disease, of some nature, between the two sphincters, which keeps up an irritation, and consequent spasm of the external sphincter muscle; a condition likely to set up a most serious train of reflex symptoms. You are now prepared to make a digital examination. The finger, well smeared with some lubricating substance like olive oil, or cosmoline, is inserted within the sphincter, proceeding slowly and gently, that the involuntary resistance, always encountered by this proceeding, may be overcome in a measure. An educated finger can now readily diagnose a fissure, the internal opening of a fistula, or an ulcerated surface, provided the mucous membrane is pretty well destroyed. Polypi and papillæ are easily felt, and hemorrhoids can usually be made out, especially if they have attained considerable size. This examination with the finger, I consider of the utmost importance; for it has fallen to me on several occasions, to examine patients who had been under treatment for hemorrhoids, at the hands of others, where a speculum had been used at each treatment; and not feeling satisfied with their progress, they decided to change. On examination with the finger, immense polypi were felt, and rolled out, much too large to fall within the blades of an ordinary speculum, and thus a mountain was overlooked while treating a mole-hill; an oversight not calculated to reflect credit on the operator, and one which could not have occurred had the finger been used.

Nor should the error of going to the other extreme be sanctioned; namely, that of depending on the finger entirely, to the exclusion of the speculum, no matter how sensitive that digit may be; for an actual inspection is absolutely necessary to determine, with exactness, the condition.

Having learned now all that is possible by the method described, we are ready for the speculum. In selecting an instru-

ment for use, two points must be considered: first, choose one with which something can be seen; and secondly, and hardly less important, one that you can use without torture to your patient.

On the selection of your instruments for office-work, and the delicacy with which you handle them, will depend largely your success in treating rectal diseases. A powerful bivalve or trivalve speculum, with a strong man bound to see at the end of it, may assist him in the accomplishment of his purpose in a measure, regardless of the pain produced, but will not help him in holding his patient for many subsequent treatments.

Rectal patients are peculiarly sensitive to pain, and men are worse than women. I regret being obliged to admit it, but the fact remains.

A patient can be thoroughly examined and operated on at the office, causing almost no pain, with such an instrument as I shall show you, detecting hemorrhoids, their number and exact location, any ulcerated or excoriated surfaces, papillæ, polypi, or, in fact, almost any abnormal condition. In examinations of the rectum under ether, there is not so much difficulty; the sphincters can be dilated, retractors put in, and the walls very well exposed. In women who have borne children, the anterior wall can be exposed for some distance up, by placing two fingers in the vagina, and rolling the membrane out. The trivalve speculæ often serve a very good purpose, particularly under ether. For office work, however, I have found these speculæ of little use, being harsh on the patient, and very unsatisfactory as a means of exposing properly the walls of the rectum. The speculum which has given me the most satisfaction, and which I have used for several years, and until quite recently to the exclusion of nearly all others, has been a modification of the old slotted glass speculum, and devised by Dr. Brinkerhoff, of Ohio. The speculum differs from this, and others, principally in having a slide, the drawing out of which, after insertion, exposes the walls of rectum at will, and controls the falling in of the walls at the same time. Unfortunately the deviser of the instrument, being actuated more by the desire for sudden wealth than future glory, patented his instruments, and placed other restrictions around the sale of them, which made them difficult and expensive to obtain. During the past two years, however, several instruments have been put on the market on the same general plan, notably those of Aloex, Oneill, Allen, and Hosmer, which fulfill most of these indications. My preference lies in the order named. During the past few months, I have been using an instrument which I devised myself, to meet difficulties which came up while working with other instruments. The desideratum in a speculum for

rectal work, to my mind, must combine the advantage of the better view obtained from the use of the slide instrument, and the advantage of the greater room afforded for manipulation by using the valve instrument. Both of these points I think I have secured in my speculum, without enlarging the external opening. Where the instrument will admit of introduction nearly or quite its full length, on expanding it becomes practically self-retaining, a great point when we are obliged to work without assistance. If, with such an instrument as this, there is still found difficulty in seeing well back into the rectal fossa or posterior cul de sac, by the aid of a small mirror properly shaped, the bottom of the cavity can be brought clearly into view. Should your light not prove strong enough, a head mirror can be used as a reflector; or a small electric light will aid materially in your examination. With regard to the use of the endoscope as a help in diagnosing disease far up in the rectum or lower colon, my experience has not varied from that of others who have found it of little practical value.

If the procedure seems justifiable, the whole hand and arm of the surgeon (provided it be a small one) can be introduced into the rectum; and yet such an exploration is only called for in the gravest conditions; for it is a procedure that has, on several occasions, resulted in death.

If it shall ever be my pleasure to read another paper before your society, I hope to take up and discuss some of these diseases in detail, together with their treatment.

DISCUSSION.

Dr. French thought that rectal diseases developed with civilization; that among savages and less civilized races such troubles are unknown. He believed the posture during defecation was one cause; as in sitting upright the abdominal muscles had no chance to assist in the expulsion, and that the act was often incomplete and unsatisfactory. He thinks rectal diseases are more neglected and ignored than any other class of diseases, and that there are many cases unrecognized.

Dr. Whittier believed the mischievous use of drugs, especially patent medicines, was a prolific cause of rectal troubles.

Dr. Warren reported a case of abdominal enlargement, which was supposed to be an ovarian tumor, for which it was proposed to have an operation; but it was found that there was a stricture of the rectum, and an enormous impaction of fæces filling the whole colon. Dilatation of the stricture and evacuation of the bowels removed the tumor, and cured the patient.

Dr. Sherman spoke of a condition in which hard fecal matter

is retained in the rectum, though there was a daily discharge of a diarrhoeic character; and that the use of a syringe was necessary in such cases.

Dr. N. R. Morse endorsed the opinions expressed as to the influences of civilization, drugs, etc., as causes, and also thought the modes of life, irregularity in habits, improper diet, etc., had much to do with it. He also believes gynecological diseases are largely from the same causes. He has found dilatation of the sphincter of curative action; the patient realizes that something is done, and expects it to help, and so is helped through faith.

Dr. Richardson suggested that the cause of rectal disturbances might often be found in derangements of the vaso-motor nervous system; and that any disturbance of this system must necessarily be a prolific cause of rectal disease.

Dr. Bennett. — In some cases of stricture or ulceration, because of the attendant pain, defecation is deferred for long times, or only a small portion is discharged, while much remains. He had found, in such cases, injections of glycerine prove effectual and curative.

Dr. Halsey said, in reply to the question if much rectal trouble could exist without local symptoms, that it could not.

Dr. Phillips asked if he found the pockets and papillæ, described by certain specialists, as important factors in rectal diseases, as was represented?

Dr. Halsey. — Papillæ certainly do cause much reflex irritation, and they are often present. Pockets can be sometimes found, and are often made by the distention of the speculum, causing folds and pockets which are not present when the speculum is removed.

Dr. Boothby said pockets are found by the Pratt speculum which are covered and hidden by other styles of the Brinkerhoff kind. He also believes that with the latter, which allows a little section to drop in where the slide is drawn, ulcers are made by repeated applications to spots, which will be found free from disease, when more fully exposed.

Excessive constriction of the sphincter is not an infrequent cause of rectal trouble, and dilatation cures. I must say that the Pratt speculum is decidedly the best I have used.

Reported by

L. A. PHILLIPS, M.D., *Secretary.*

PROF. TO MEDICAL STUDENT. — "How would you treat post-partum hemorrhage?" Student. — "I would tie the post-partum artery." — *Maryland Medical Journal.*

THAT "OUNCE OF PREVENTION."

BY J. P. RAND, M.D., WORCESTER, MASS.

(Read before the Homœopathic Medical Society of Western Massachusetts.)

THE millennium of perfect living has not yet come.

It is surely promised; it doubtless is upon the way; but which way and in what direction we are to look for it, no man can tell. In that golden age of sunset, those mellow years of the world's decline, the physician will be little beyond an idle spectator. His "puke and his potions" will have become obsolete; his blisters and lancet but relics of the past. In short, if he is to hold any medical position at all in those distressing times of health, it must be simply that of adviser. His modest announcement will no longer bear the title, "Physician and Surgeon," but "Prophylactitioner and Hygienic Counsellor" will appear in its place. His bills will read not for "professional services and medicines," but "for professional services and medicines rendered unnecessary."

But the time is not yet. We are living in a diseased age, and all of us are more or less affected by it. We are punished daily, not because of our intentional sins, but because of our ignorance. "The hand of the Lord is laid bare upon the fool," and we poor medicine-men can only do our endeavor to lighten its pressure.

Was the Lord angry with that poor infant stricken with ophthalmia the day he was born? Did his wrath continue, that the cruel process should go on, and shut up forever those lovely gates of light? No! The probable fact is, that a careless nurse wiped out those eyes with a soiled cloth, and held them open to the blazing sunlight, to see what color they were. Had she known her business, especially had she known how to have washed a baby for the first time, she would have taken a soft, clean bit of linen, and washed the eyes first. She would thus have avoided the dangerous ophthalmia and results which sometimes follow.

Let us watch this child, and note still further the results of this nasty nurse. I say *nasty* advisedly, because filth is something the poorest can avoid, and cleanliness does not stand below, but goes far ahead of godliness in the successful management of disease. A little time goes on, and the nurse says, "Doctor, what makes the baby chafe so? I use the dusting powder every time I change him, but it doesn't seem to do any good." "Do you sponge him every time?" "No, water seems to make it worse." "How often do you wash the child?" "Oh! I wash him all over every day." "And you allow that poor child's buttocks to soak and swelter in decomposed urine

for twenty-four hours at a time, do you?" "No, I use the dusting powder." "Oh! you thicken the urine with dusting powder. I understand. Now, my good woman, if you will throw that dusting powder away, sponge that baby clean every time he becomes soiled, and then apply some thick, oily substance, like cosmoline to the parts, it will prevent the excretions from coming in contact with the skin, and the child will get well of himself. The name of that child's disease is filth; and though you may not be wholly able to avoid it, you can at least lessen the malady by a little intelligent effort."

Time passes on, and the sultry days of August arrive. Our wee baby has stood the strain of life fairly well so far. He can see tolerably out of one eye, and he chafes no worse than any one, who knew the circumstances, would expect; but the poor thing has never known the loving breast of a mother. She, weak devotee of fashion, would not be tied up in the nursery with a sucking babe, and so the cold comforts of a nursing-bottle are all the child receives. It was in that mother's power to have nourished her offspring from her breast, and thus have lessened the double perils of teething and dog-days. But she took her pleasure, and allowed the baby to take his chances.

She even increased her probabilities of bereavement, by adding a long tube to the nursing-bottle; it was such a bother to hold the short-nippled bottle for the child to feed. Here was a large ounce of prevention, but she threw it away. The long, flexible tubing grew sour and rotten, she soaked it in soda water, but it grew rottener still. The stomach of an adult would not stand such abuse; to feed in that way were like eating crumbs from the sewer. No wonder the child vomits! no wonder he frets! no wonder his stools are water, mucus and blood. The pound of cure is insufficient. A score of babies' foods are not enough. Angels bear away the little life which has found this world such uncongenial soil, and a pseudo-mother reflects upon her loss.

Right here let me enter a protest against the wholesale baby-farming practised in New England.

In every large city there are institutions where unwanted and illegitimate children are boarded out to die. The matron receives a moderate, sometimes an exorbitant, compensation for this lack of care and attention. It is tacitly understood that no child ever comes out of the institution alive. They die of disease, starvation, and neglect, and the law has no power to indict the perpetrators of the crime for direct and wilful murder. Now, what I have to say, is this: It is a mean and cowardly thing for a mother to commit her child to a lingering death, in an institution like this; but the mother who can nurse her baby,

and will not, who can care for it, and does not, but consigns her child to a nursing-bottle, and the care of an uninterested, unintelligent domestic, is just as truly guilty of murder, though not, perhaps, in the same degree. Murder, in the one case, is done knowingly and maliciously; in the other, let us charitably suppose, ignorantly and unintentionally. The result, in many cases, is the same. Neither woman has any right to be a mother, neither is entitled, in her declining years, to the tender ministrations of loving hands.

But suppose our baby does not die. Suppose it grown up, and a girl. What tortures of society's rack may be prevented by intelligent forethought.

Custom does not permit the poor thing a chance to grow and develop, according to the necessities of her physical life. She must be a lady before she is even a child. She must not run, and romp, and play; such sports are hoydenish. The Lord has given the poor thing a body, but her mother won't let her use it. She must not be out in the sunlight. It will spoil her beautiful complexion. She must not skate in winter, or row in summer. She must not bring into active use a single set of muscles. She is not even allowed to pick berries, or help about the work in the kitchen. On the contrary, she is fed and pampered like a pet monkey in a cage. And worse; for a monkey is, at least, not put into tight corsets, and made to balance upon high-heeled shoes.

The thought of the mother is not to make her daughter a woman, upon whom shall one day devolve the duties of wife and mother, but a fine lady, to shine in society, and become accomplished in useless arts. She crowds her feet into diminutive shoes, until her toes almost meet in a circle. The chiropodist administers his pound of cure, but that is not enough. The high heels of microscopic dimensions compel her to walk upon her toes, distorting her figure and deforming her spine. Crooked-backed, round-shouldered, what artist would ever take her form for a model?

In front, we find a weak, contracted chest; and squeezed within, a hampered pair of lungs.

An erect figure, full expansion, and strong, elastic step, is perfectly impossible to a woman balancing herself upon the giddy heels of fashion. The cause, how easy to remedy; the results, how hard to cure!

As we have begun a crusade against woman's dress, let us keep on, and take it in order.

I believe it to be true that the undergarments of woman known as open drawers, are, during the cold months of winter, prolific causes of disease. What an incongruity do we find in woman's apparel.

The proud lady of fashion walks out upon the street during the Christmas holidays. Her head is suitably protected with a bonnet. Her body is clothed with the choicest flannel beneath, and a thick woolen dress outside. If her lungs are at all weak, she wears a chamois-skin jacket, or a lung protector. Over all is a rich sealskin sacque, through which no draught of air can enter. Her delicate hands are covered with gloves, and they, in turn, thrust in a sealskin muff. You would not say such a lady was not properly clothed. She may be wearing a moderate fortune upon her back. And yet there is a sense in which she is absolutely naked. The ragged boot-black shivering at the street corner is better protected. The man who would bank his house in the winter, put in double windows and blanket the roof, when the wind was blowing a hurricane into his cellar, through an open bulkhead, would show as much sense. I trust the majority of women are not thus recklessly dressed; but where it does obtain, I consider the wearing of open drawers in winter to be a fruitful source of uterine disturbance and pelvic disease.

The arguments against tight lacing are trite, and have long been in the mouths, not only of wise men, but of fools. I will not weary you with their repetition, but merely call your attention to a few most potent results. The corsets put upon the elastic chest of a young girl, compress the ribs and cause displacement of every vital organ. The heart goes up, the liver goes down. The lungs are compressed, and cannot expand. The action of the diaphragm is almost wholly done away with. The body dwindles from lack of air, and the poor victim becomes a suitable subject for almost any form of disease.

The chest muscles atrophy from disuse, so that if you should, after a time, remove the corsets, many would be utterly incapable of performing, properly, the act of respiration. That sense of weakness and falling to pieces, which ladies universally complain of upon attempting to remove their accustomed support, is no fiction. It is founded upon fact, and the fact is that the muscles have been so squeezed and starved to death by the corsets, that they have almost wholly disappeared.

Bandage a leg tightly for two months, and the calf would dwindle to a thing of naught. What, then, can you expect of a poor waist, that is subjected to systematic and continuous pressure, before it has even had time to develop!

The intestines are pressed down upon the uterus, causing both forward and backward displacements of that organ. Then comes dysmenorrhœa, sterility, etc., etc. What is the rational treatment? Prevention, one ounce. *Sig. ad libitum.*

Its price is within the reach of all, its value beyond compare. Try it. Its cost is slight; and, as some one has said of good manners, "Its worth is far more than its cost."

GLEANINGS AND TRANSLATIONS.

WHAT MEDICAL MEN SAID OF ANÆSTHETICS FORTY YEARS AGO. — Commenting on the reports of the first use of ether as an anæsthetic in surgery, the *Philadelphia Medical Examiner* expressed the views of the conservatives in the following terms: "We are persuaded that the surgeons of Philadelphia will not be seduced from the high professional path of duty into the quagmire of quackery by this will-o'-the-wisp. . . . We cannot close these remarks without again expressing our deep mortification and regret that the eminent men who have so long adorned the profession in Boston should have consented, for a moment, to set so bad an example to their younger brothers, as we conceive them to have done in this instance. If such things are to be sanctioned by the profession, there is little need of reform conventions, or any other efforts to elevate the professional character; physicians and quacks will soon constitute one fraternity." — *Maryland Medical Journal*.

PHTHISIS A DISEASE OF THE NIGHT. — Dr. Shepherd contends in *The Lancet* that phthisis is the result of constantly recurring irritation of the air-passages, and that the cold air breathed at night is at least one efficient cause of this irritation. He observes that it is well known that those who live most in the open air are the least likely to suffer from phthisis. Why? Simply because their lungs are so accustomed to cold air that they are not irritated by it at night. Phthisis is a disease of the night. It is so simply because we inhabit hot rooms by day and cold rooms by night, and many lungs find it more than they can do to accommodate themselves to the constantly recurring change in the temperature. The author concludes as follows: "It will be obvious that my theory has a very practical bearing. If it should lead the profession, and the public through them, to pay proper attention to the due warming of our bedrooms at night, and all night long, especially in all cases of diseases of the chest, I shall not have written in vain. If, through this simple precaution it should be found that phthisis in this country may thereby be stamped out in the course of a few years, then my humble name would, perhaps, deserve to rank with even that of Jenner. I fully believe that if some means whereby a continuous supply of pure warm air could be given at night to those threatened — aye, and to those actually suffering — with phthisis, we should, in the course of a very few years, find that phthisis was as rare in England as in Egypt or Iceland." — *Medical Record*.

PROPHYLAXIS AGAINST SURGICAL SHOCK. — Dr. Cheever, writing of shock in surgical operations, gives the following suggestions : —

1. Wait for reaction.
2. Never neglect to calm those suffering mental shock by a cheerful word and personal presence.
3. Give alcohol, either spirits or wine, a quarter of an hour before the anæsthetic.
4. Make the anæsthesia short; never begin it until everything is ready; suspend it during the less painful dressings. Consciousness returns tardily. We keep up the anæsthetic longer than is necessary.

5. As rapid an operation as can prudently be done.

6. As short a dressing as is practicable.

7. As a cardinal point, avoid chilling the patient.

To promote reaction after the operation :

1. Persistent and carefully applied dry heat. (Be overcareful about accidental burns.)

2. Liquid nourishment, combined with a stimulant and a little laudanum, by enema.

3. Subcutaneous injection of brandy.

4. Aromatic spirits of ammonia by the mouth. Champagne is sometimes retained when other things are rejected.

5. Black coffee and brandy, the stimulant *par excellence*, when it can be retained on the stomach.

6. Quiet; a horizontal, or more than horizontal, position; sleep; assurance that all is over and doing well. — *Ed. Medical Record.*

TREATMENT OF HEPATIC COLIC WITH OLIVE OIL. — Dr. Charles N. Valin, of Zeloeil, Que., reports that he has tried the "olive-oil" treatment for hepatic colic, as first advocated by Dr. Just Touatre, of New Orleans, with marked success. He had tried all the remedies recommended by the leading authorities, such as morphine, chloroform, ether, antipyrin, and various purgatives, without any decided benefit. In the present case, he resolved, as a *dernier ressort*, to try olive oil. His patient, a woman about forty, was getting rapidly worse. Her temperature was high and unvarying, with marked delirium; her digestive organs very irritable; tongue red, dry, and glazed. He was in doubt whether she would be able, while in such a condition, to take and retain such large doses of oil. Still he tried. Two large glasses of oil were administered, the second fifteen minutes apart from the first, and, to his surprise, both were retained. Two hours later, she passed a number of calculi, some large, some small; some hard, others soft. From this on the tempera-

ture subsided, the tongue became moist, food was retained, and his patient made a rapid recovery. — *L' Union Médicale du Canada*. — *Medical News*.

A GLOSSARY OF MICROBES. — Mr. W. Hamlet gives the following classification of the microbes (microscopic organism of fermentation and disease): 1. Microbes which appear as points are called *monads*, *monera* or *micrococci*. They are motionless, and may be regarded as the spores of other microbes. 2. Motionless linear microbes — the *bacteridians* and *bacilli*. To them belongs *bacillus anthracis*. 3. Cylindrical mobile microbes, having rounded ends, or contracted in the middle so as to form an 8, are the *bacteria* proper. Among them is *bacterium termo* of putrefaction, the commonest of all. 4. Flexuous mobile microbes. They look and act like eels, and differ but little from the equally active bacteria. They are the *vibrios*. 5. Spiral microbes, resembling a cork-screw and mobile; *spirilla spirochete*. Their presence in human blood appears to be connected with intermittent fever. 6. Microbes with heads, very active, having globules larger and more refractive than the rest of the body at one or both ends. These globules are, apparently, spores ready to be detached from a bacterium — *bacterium capitatum*. Besides these six principal states, the microbes form agglomerations or colonies that often notably change the aspect of the elementary cells, and which have received various names. Agglomerations in microscopic masses, surrounded by a jelly that sticks them together and deprives them of motion, are called *zooglaea*. A non-gelatinous membrane formed of motionless bacteria is *micoderma*. Bacteria attached end to end in a string form filaments of *leptothrix*. A number of spherical micrococci, joined one after another, form the string of round grains called a *torula*. A considerable number of species may be included in each of these divisions; and there does not appear, at present, any way to distinguish, by sight, a disease-producing bacterium from a harmless one. — *Pacific Record*.

EXECUTION of criminals by electricity in New York State will, after Jan. 1, 1889, be effected by the machine thus described: —

An electric battery or a dynamo machine, a chair constructed for the purpose, some copper wire and steel collar and manacles, will complete the outfit that is to replace the cumbrous gallows and ugly rope, and the whole will cost less than \$150. The condemned man will be seated in the chair, and the wires affixed to his wrists and neck. The momentary pressure of a button completes the current, and a powerful current will pass through the man's body, causing a painless death in the hundredth part of a second. The new law provides that all executions shall take place in State prison within ten days after the sentence has been pronounced. The exact day of the execution will not be fixed, and only one prison official will be present. — *San. News*.

SOCIETIES.

AMERICAN INSTITUTE OF HOMŒOPATHY.—FORTY-SECOND ANNUAL SESSION.

TO THE EDITOR OF THE NEW-ENGLAND MEDICAL GAZETTE:—

THE forty-second annual session of the American Institute of Homœopathy will be held at Hotel Lafayette, Lake Minnetonka, a few miles from the "Twin-Cities,"—St. Paul and Minneapolis, Minn., beginning Monday evening, June 24, 1889, and continuing until Friday night, June 28. Details of the arrangements will, from time to time, be furnished to the homœopathic journals for publication. The proper committees are actively engaged in securing such arrangements as will assure the success of the convention, and the enjoyment and advantage of those who attend it. The Local Committee of Arrangements, and other resident physicians of Minnesota, are planning to secure the attendance of as large a number of lady friends of the Institute members as possible.

The object of this notice is to direct the attention of the Institute, and especially of bureau members and committee men, to the fact that one-half of the year allowed for preparation has already expired. While some of the bureaus and committees have fully matured their plans, and many of their members have their work well under way, the preparatory labors of others are not yet begun. Thus far the Secretary has received reports of progress from bureaus and committees, in effect as follows:—

The Bureau of *Materia Medica* reports that some of its members have held conference meetings, and are engaged in preparing materials for illustrating the pathogenesis of iodine and its salts. Others have promised important literary contributions to the same subject.

The Bureau of Gynecology is preparing four papers on Urethritis and Cystitis, and has selected a member to open the discussion on each paper. The chairman requests a general discussion based on professional experience, and says, "Everything justifies the hope of a full and good report."

The Bureau of Psychological Medicine will report on "Agents for the Creation and Development of Will-power," and expects to present at least nine papers on various subdivisions of this topic. Some of these papers are now in preparation.

The Bureau of Obstetrics is engaged upon the general subject of Puerperal Complications. Several members of the bureau are already at work upon their assigned subdivisions.

The Directors of Provings have adopted as their work for the year, Critical Analyses of the provings presented at the last session, and for this purpose a set of rules has been elaborated, under which the members of the committee will determine the value of such provings, each member applying the rules according to his own convenience.

Certain other bureaus are also engaged in the preparation of their essays. Formal reports of progress have not yet been received; and the same is true of some of the most important committees; still other bureaus, it is known, have not yet completed the preliminary portion of their annual labors. As information is received from them, it will be sent to the journals for publication.

The Secretary may be pardoned for suggesting that papers be completed early, and copies made and submitted for examination to those likely to participate in the discussion thereon, thus adding to the interest and profit of the sectional meetings. These copies could then be sent to such journals as their authors might select, thus securing their wider publicity, yet without interfering with the prompt publications of the transactions.

Respectfully,

PEMBERTON DUDLEY, M.D.,

General Secretary.

S.W. COR. 15th AND MASTER STREETS,
PHILADELPHIA, PENN.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

THE regular meeting of the Society was held at the rooms of the New England Woman's Club, No. 5 Park Street, on Thursday evening, Dec. 6, 1888, the President, F. C. Richardson, M.D., in the chair.

The business records were read and approved. The censors having reported favorably, the following applicants were elected to the Society:—

SARAH E. SHERMAN, M.D., Salem, Mass.

JOSEPH CHASE, JR., M.D., E. Weymouth, Mass.

The following names were proposed for membership:—

CHARLES H. THOMAS, M.D., Cambridge, Mass.

GEO. H. TALBOT, M.D., Newtonville, Mass.

HENRY A. BROWN, M.D., Reading, Mass.

On motion of Dr. I. T. Talbot, the President, Secretary, and

Dr. J. M. Plummer were appointed a committee, with full power to arrange for the annual meeting in January.

SCIENTIFIC SESSION.

Dr. C. E. Hastings read a very interesting paper, "Something about Bacteria," illustrated by cultures in nutrient gelatine. A very active discussion followed, in which Drs. French, Colby, Boothby, Hedenburg, Talbot, and Packard took part. Dr. Hastings spoke of the report of the finding of the yellow fever germ, and told of her efforts to get a specimen, learning that up to the present time no yellow fever germ has been discovered. The hour being late, much time having been taken in the discussion of the last paper, the Society voted that Dr. Phillips be requested to reserve his paper, "The Liver, the Unrecognized Source of Many Ills," till another meeting.

W. J. WINN, M.D., *Secretary*.

THE MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY.

THE Massachusetts Surgical and Gynecological Society held its annual meeting at Hotel Thorndike, Boston, Dec. 12, 1888.

Five new members were elected to membership; viz., —

- C. L. CLEVELAND, M.D., of Cleveland, O.
- G. W. WORCESTER, M.D., of Newburyport.
- E. L. MELLUS, M.D., of Worcester.
- C. M. NORDSTROM, M.D., of Malden.
- E. A. SEARS, M.D., of Malden.

Officers for the ensuing year were elected as follows: viz., —

- President*, L. A. PHILLIPS, M.D.
- First Vice-President*, C. R. BROWN, M.D.
- Second Vice-President*, C. M. FULLER, M.D.
- Secretary*, GEORGE R. SOUTHWICK, M.D., 136 Boylston Street, Boston.
- Treasurer*, J. H. SHERMAN, M.D., 534 Broadway, South Boston.

The following papers were read and discussed: —

- PRESIDENT'S ADDRESS, by A. Boothby, M.D.
- REPORT ON PROGRESS IN SURGERY, by J. K. Warren, M.D.
- DISEASES OF THE RECTUM, by F. W. Halsey, M.D.
- CLINICAL OBSERVATIONS IN REGARD TO SOME HYSTERO-NEUROSES, by F. C. Richardson, M.D.
- CLINICAL CASES — (a) INVERSION OF THE UTERUS, AND (b) UTERINE HYDATIDS, by J. H. Sherman, M.D.

By invitation of the President, Dr. Cleveland offered some suggestions regarding the study and practical application of therapeutics to surgery and gynecology.

An excellent dinner helped to render the meeting a most enjoyable one; and the large number present, and their return to the session after dinner, testified to the general interest of the meeting.

L. A. PHILLIPS, M.D., *Secretary*.

REVIEWS AND NOTICES OF BOOKS.



TRANSACTIONS OF THE FORTY-FIRST SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. Edited by Pemberton Dudley, M.D. Philadelphia: 1888. 820 pp.

Great credit is reflected upon the editor of this volume, by the painstaking work evidenced in its prompt appearance. Those in attendance at the session whose work it chronicles, will have pleasantly recalled to mind how much of worth and interest they had the privilege of listening to; and non-attendants will have their loss somewhat lessened in the possession of these valuable records. The "*Zincum*" report of the bureau of materia medica is an exceptionally interesting series of papers, and worth re-reading. No bureau failed to acquit itself with credit; and the bureau of registration and statistics is, in particular, heartily to be congratulated upon the immense array of tabulated facts it brings to notice.

A TEXT-BOOK OF GYNECOLOGY. By A. C. Cowperthwaite, M.D., Ph.D., LL.D. Chicago: Gross & Delbridge, 1888. 533 pp.

Dr. Cowperthwaite here offers us an excellent work, of much the same scope and character as the deservedly well-known one of Dr. Ludlam. As the author states in his interesting preface, the book is to be regarded less as an original work than as a compilation; but it is a compilation made most judiciously, after wide study, and the practical experience which any compiler must boast who would utilize such study to the best advantage. All diseases coming under the term "gynecological" are dealt with, as to their pathology, their homœopathic and their local treatment. Concerning the latter, Dr. Cowperthwaite says, and we fancy will have the cordial support of most of his confrères in saying, "I am satisfied that a large majority of cases of uterine disease can be successfully overcome only by a judicious combination of both constitutional and local treatment; and it is my opinion that the opposite view is entertained only by theorists, who have had little or no practical experience in the treatment of diseases of this class."

To the practitioner, and especially to the student, desiring to familiarize himself with the latest teachings on gynecology, given in necessarily abridged form and at moderate expense, the book is commended, as likely to satisfactorily meet his need.

HEADACHE AND ITS MATERIA MEDICA. By B. F. Underwood, M.D. New York: A. L. Chatterton & Co., 1889. 212 pp.

This is a pleasantly-written little treatise on a subject of perennial interest to the every-day practitioner. It is both concise and thorough; touches lightly, yet suggestively, upon pathology; gives a detailed account of the "headache" action of some 117 remedies, and follows this with a carefully arranged repertory for quick consultation. It is a work which can be made exceedingly useful by the busy practitioner; but we must add, the busy practitioner must be sufficiently wise in the materia medica to practise judicious skipping; in which case he will not allow his hopes to be raised by suggestions of the powers of such drugs (*sic*), whose presence we deplore, as *psorinum* and *lac defloratum*.

PÆDOHYGEA. By T. C. Duncan, M.D., Ph.D. Chicago: 1888. 426 pp.

This work, despite its somewhat formidably classical title, is a very simple, sensible, grandfatherly series of familiar talks on the rearing of children, and their treatment in most of the ills that infant flesh is heir to. It is intended for the use of mothers and nurses, and may be cordially commended to such as sure to impart much sound instruction, couched in untechnical, every-day speech. Unfavorable comment can be made only on the score of the illustrations, which are irrelevant in subject, and quite amazingly bad from even the least exacting standpoint of art.

LECTURES ON ECTOPIC PREGNANCY AND PELVIC HÆMATOCELE. By Lawson Tait, F.R.C.S., LL.D. Birmingham: The Journal Printing Works. 1888. 105 pp.

In this interesting treatise, enriched by illustrative cuts, its famous author gives both theories and the records of his experience, on what he justly terms one of the most dreadful calamities to which women can be subjected. The book is interesting reading throughout; but especially so in the chapters where Dr. Tait, with characteristically uncompromising outspokenness, condemns what he calls the "electrolytic charlatanry," which assumes the necessity of the destruction of the fœtus as a matter of course. Dr. Tait has a knack of awakening controversy, and he has proved in the past, beyond a peradventure, that he is quite able to bear his own part in any controversy he may provoke.

MEDICAL DIAGNOSIS. By J. Graham Brown, M.D. New York : E. B. Treat, 1888. 285 pp.

Both Dr. Brown's work and its author have won an excellent name on both sides of the sea ; and the publisher has shown commendable judgment in reproducing the work as the eleventh volume of "Medical Classics." The plan pursued in treating of diagnosis is the "anatomical" one, which divides its chapters not according to symptoms, but passes in review, in turn, all the parts of the body, and helps to recognition of their possible diseases. It is a very helpful little book, and in its present form will doubtless enjoy wide popularity.

A MANUAL OF DIETETICS FOR PHYSICIANS, MOTHERS, AND NURSES. By W. B. Pritchard, M.D. New York : The Dietetic Publishing Co. 88 pp.

Dietetics is a branch of the education both of physicians and the laity, whose importance is increasingly and most justly finding recognition. Of intelligent teaching on this point, we can hardly have too much ; and we take sincere pleasure in saying that in the little manual before us is contained as thoroughly intelligent teaching, in a very condensed form, as it has been our good fortune to chance upon in recent literature. Intended primarily for the use of the laity, it yet has much to teach the physician, and teaches it convincingly and unaffectedly. It is a book to be read and to be recommended. The advice concerning the over-feeding and drugging of infants, is alone worth the book's very moderate price of 50 cents.

THE HOMŒOPATHIC PHYSICIANS' VISITING LIST AND POCKET REPERTORY. By Robert Faulkner, M.D. Second Edition. New York and Philadelphia : Boericke & Tafel, 1889.

This "list," whose first edition was very favorably received by the profession, is a handsomely-bound volume on the "perpetual" plan. Its distinguishing feature is a comprehensive repertory of some eighty pages, which precedes the pages for records, and thus, of course, is always at hand for emergency consultation. The present edition cannot fail to maintain the popularity of the work.

The CENTURY for December has, as frontispiece, an exquisite drawing by Mary Hallock Foote, called "The Coming of Winter." There is absolute genius, no less, in the way in which, even through the imperfect medium of an engraving, there is conveyed the sense of remoteness, of wistful loneliness, which is the mood in which inanimate and human nature alike

await the coming of the long and bitter winter of the far West. "The Story of Dollard" is continued with rare and undiminished brilliancy; the Life of Lincoln deals with the "First Plans for Emancipation." There are several short stories and interesting essays, and among the poems of the issue, Jas. Whitcomb Riley's dialect rhyme stands easily first. New York: The Century Co.

The December POPULAR SCIENCE MONTHLY has as articles of especial interest to physicians, "Infant Mortality and the Environment," by Dr. French, and "Psychology of Deception," by Professor Jastrow. The contributions of miscellaneous scientific subjects are varied and able. New York: D. Appleton & Co.

PERSONAL AND NEWS ITEMS.

The GAZETTE acknowledges, with thanks, the receipt of several very pretty and useful calendars. Among them, that of the *Smith & Anthony Stove Co.* is conspicuous for its really artistic reproduction of Miss Humphrey's child-pictures; and that issued by Mr. E. B. Treat, the New York publisher, for its combination of the uses of a memorandum with those of a calendar. Both of these are for sale on application; the former for twenty-five cents and the latter for six cents.

Dr. H. C. AHLBORN has removed to 258 Marlborough Street. His office hours will be the same as at his former residence.

Dr. C. H. HADLEY has removed from Block Island, R.I., to No. 18 Mulford Street, East Orange, N.J.

Dr. PHIL. PORTER announces his removal from Detroit to Cincinnati. Dr. Porter is but lately recovered from a severe illness of several months' duration. He will take a few weeks of needed rest and recreation in the South, and then resume, in Cincinnati, the practice of his specialty, — gynecology.

ANY COMPETENT PHYSICIAN who needs the rest of a voyage to the Azores, might find a favorable position by applying to E. A. Adams & Co., 115 State St., Boston.

ANNOUNCEMENT.—E. B. Treat, Publisher, 771 Broadway, New York, will publish, early in 1889, the Seventh Annual Issue of the English "Medical Annual," a *resumé*, in dictionary form, of New Remedies and New Treatment that have come to the knowledge of the Medical Profession throughout the world during 1888. The editorial staff of the forthcoming volume will include articles or departments edited by Sir Morrell Mackenzie, M.D. (Laryngology), London; Jonathan Hutchinson, Jr., M.D. (Genito-Urinary Diseases), London; J. W. Taylor, M.D. (Gynecology), Birmingham; William Lang, M.D. (Ophthalmologist), of London; James R. Leaming, M.D. (Heart and Lung), New York; Charles L. Dana, M.D. (Neurologist), New York; H. D. Chapin, M.D. (Pediatrics), of New York, and others, comprising a list of twenty-three collaborators, widely known in Europe and America. In its enlarged and widened sphere, it will take the name of "The International Medical Annual," and will be published in one octavo volume of about 600 pages, at \$2.75, under copyright protection, and issued simultaneously in London and New York.

A FRENCH JOKE.—They were speaking of the resurrection of Lazarus. "In our age you don't see any such miracles." "No, indeed," said enthusiastic Dr. X., "medical science has made too much progress." — *Physician and Surgeon Investigator.*

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EDITORIAL.

DR. DOWLING ON THE AMERICAN HEART.

ONE of the most interesting, original, and practical contributions which has of late years been made to medical literature, is the paper by Dr. J. W. Dowling, read before the New York State Homœopathic Medical Society, and now republished in pamphlet form, entitled, "Is the American Heart Wearing Out?" It is a deeply important question, assuredly, and one which, considering the startling number of deaths which, in a single year, are reported as occurring from causes roughly classified as "diseases of the heart," the physician is not only justified in asking, but is in duty bound to ask. It is a question asked by Dr. Dowling intelligently and impressively; and his answer to it is something which both laymen and physicians can ponder with profit. It is, on the whole, an encouraging answer; for though he regretfully admits the immense prevalence of some form of heart disease in American communities, he is of the firm opinion that this prevalence is nothing inevitable or inescapable; and claims that many phases of these maladies, now wrongly diagnosed or neglectfully overlooked until too late, could, with greater intelligence and foresight brought to bear on the matter, either be rendered comparatively harmless, or done away with altogether. Dr. Dowling's style is so clear and so condensed, that no summary abstract of his conclusions could be made, which would not omit or weaken something of essential moment; and we therefore quote in full the few concluding pages of his pamphlet, merely chronicling our full and hearty approval of all therein set forth, and our rejoicing that it has been thus

set forth, in so timely and so adequate a manner. Especially are we glad that Dr. Dowling calls attention to the excess of meat foods in the diet of the average American. We believe this to be a prolific source of disease and disease tendencies, and one to which every family physician, by inquiry, explanation, and warning, would do well to direct the thought of his patients. And in conclusion, we cannot too warmly second Dr. Dowling's suggestion of annual compulsory physical examination. In the direction of preventive medicine, such a law would be of almost millennial efficacy.

The writer unhesitatingly asserts that the forms of heart disease which kill so suddenly, and which do not result from an endocarditis or the presence of a specific poison in the blood, in nearly every instance arise directly from the pathological condition known as lithæmia.

Conceding, then, that liver disturbance is the primary cause of the premature wearing out of the heart, it is proper to ask: What gives rise, in an otherwise healthy man or woman, to this disturbed function? The answer in brief is: Indiscretions in living on the part of the patient or his ancestors. In what does this indiscretion consist? What mode of life will prevent these diseases? When they do exist, how shall a life be regulated so as to avoid sudden death, or the rapid failure of that most vital of all the organs, the heart?

It would carry me too far were I to attempt to give to these questions answers that should be perfectly satisfactory to the inquiring scientific mind. The answers given, however, are founded upon careful study and observation, and supported by the opinions of the best pathologists in this line, on our own and the other side of the water.

Chief among the indiscretions referred to, is the habitual though moderate use of drinks containing alcohol. With but few exceptions, the exhilarating, the damaging ingredient of all of the so-called stimulating drinks is alcohol. It matters not whether they be in the form of spirituous liquors, cordials, still wines of high or low grades, the most delicate champagnes, ales, or beers. Independent of the effect of alcohol in disturbing the function of the liver, its presence in the blood and actual contact with the delicate structures of which the body is composed, does injury which aids in the production of the changes which finally result in the wearing out of the heart.

Second in importance of these indiscretions is the excessive use of meat as an article of diet, and the excessive use of other kinds of food.

Third.—Sedentary habits, with a lack of a proper amount of physical exercise in the open air, and lack of healthful mental exercise.

Fourth.—Mental strain, too close attention to business, accompanied, as it generally is, by a lack of a proper amount of diversion and amusement; irregularity in eating, which generally results in dyspepsia and loss of appetite; and too little sleep, which finally results in insomnia or inability to sleep.

Fifth.—The habitual and indiscriminate use of drugs and patent medicines.

In a very large majority of the cases of weakened or diseased heart, there have been two or more of the above-mentioned factors concerned in their development.

Added to these are certain unmentionable indiscretions which by their direct action on nerve centres disturb the functions of all of the organs of the body, and finally result in premature wearing out of the heart as a part of a general process. Many of our cases of supposed organic disease of the heart in young persons, really cases of irritable heart, purely nervous affections, are attributable to these indiscretions, which may finally result in organic disease of this organ.

The answer to the question, What mode of life will prevent these diseases? is simple enough. A discreet life, temperance in all things, and particularly the avoidance of the above-mentioned indiscretions, especially the habitual use, even in moderation, of stimulating drinks, and the ingestion of too much meat.

Finally, when these changes are known to exist, how shall a life be regulated to avoid sudden death, or the rapid failure of the heart?

In the *Medical Record* of April 14 is found such a complete and satisfactory answer to this question, and it is so in accordance with my own views and experience in practice, that it will be quoted in full:

Dr. George Harley ends his lectures on the effects of moderate drinking upon the human constitution with the following conclusions: "1. That alcohol, when indulged in, even well within the limits of intemperance, has a most prejudicial effect on heart disease. 2. That mental excitement is a cause of rupture of atheromatous blood vessels. 3. That sudden spurts of muscular exertion act most deleteriously on all forms of organic cardiac affections. 4. That mere extra distension of a stomach by wind may suffice to fatally arrest a diseased heart's action. The knowledge of these facts has for some years led me to make it an invariable rule to impress upon all patients laboring under diseases of the circulatory system who desire to minimize the effects of their complaints, and ward off, as long as is possible, the inevitably fatal termination, to pay strict attention to what I call the following three golden rules: (1) Take exercise without fatigue (2), nutrition without stimulation, and (3) amusement without excitement."

In closing this article, which has already outstepped the bounds of its intended limits, the author proposes to leave the sphere of his own profession, and make a suggestion in political economy to the law-makers of our land, which, if favorably acted upon, would be the means, in many instances, of preventing the wearing out of the American heart, lungs, liver and kidneys, and of saving to the nation many valuable lives, lives that cannot well be spared. For the innovation he asks pardon of the lawyers and statesmen.

The suggestion is this: That a corps of expert medical examiners be appointed by each state, whose duties shall consist in the making of a thorough and scientific physical examination of every adult citizen at least once a year, and that the result of that examination be given in writing to each person examined; the expense of such examinations to be borne by the state; the examiners to be salaried officers, who shall not be permitted to engage in private practice; and that such examination shall be compulsory.

By this method, and this only, could men active in business or profession be kept informed as to the actual state of their health. Few, till reminded by symptoms of which they are conscious, trouble themselves as to their physical conditions. The time for medical skill to be of service is often before the evidences of disease have been made manifest to the patient; and indiscretions are often indulged in which would be avoided did he know that by such indulgences health, life, was endangered. Our life insurance companies and our national banks are obliged by law to submit sworn statements annually, regarding their financial condition. Paid examiners,

experts, are provided by the Government, whose duties consist in carefully scrutinizing the books of these institutions, to see if their financial statements are correct. Is money of more value than life? Had the late Chief-Justice known that his heart was weakened, probably from the very conditions mentioned above, would he have insisted on attending court and participating in an important and exciting decision, while in a feeble state of health, the result of a cold? Would a late former Commander-in-Chief of our armies have risked his life by an unnecessary and sudden muscular spurt, had he known that his heart was unequal to such an effort, and that death would result from it? The very recent sudden death of Matthew Arnold was the immediate result of a violent and unnecessary muscular exertion.

If it be argued that the law would be difficult to enforce, the answer may be given that valuable citizens are law-abiding, and that few whose lives were worth the saving to the state or nation, would violate the law by neglecting its provisions.

EDITORIAL NOTES AND COMMENTS.

THE FOURTH ANNUAL REPORT OF THE WESTBOROUGH INSANE HOSPITAL offers matter for profitable thought in all the facts — economic, scientific and clinical — which are therein presented. Financially, the institution shows every sign of close and wise superintendence. Clinically, its report is a satisfactory one, showing 12.15 per cent. of recoveries to whole number treated, and but 6.85 per cent. of deaths. The brief discussions by Dr. Paine, of many questions of moment in the treatment of the insane, are of very great scientific interest. Dr. Paine gives unquestioned evidence of that invaluable possession of the man of science — a progressive mind. Unlike so many superintendents of asylums, he is not content with receiving his assured salary, and plodding, in discharge of routine duty, along well-worn ruts of clinical habit; he gives himself continually, though within justly conservative limits, to study, comparison, experiment, in the endeavor to do better what can never be too well done. With many of his conclusions, here tersely summarized, we are in the warmest sympathy; for instance, with the protest and suggestion implied in the following extract: —

"LEGAL RESTRAINT AGAINST PROPAGATION OF THE INSANE.

There is need, in a few cases, of an exercise of legal restraint, to prevent the propagation of the insane. There is, at the present time, a young woman in this hospital who is insane. She had an insane sister, also in this hospital last year, who was discharged; and these two sisters have a brother who is weak-minded. These three children were born of a woman who was insane before their birth, and

she is said to have been insane ever since. In addition, there are reported as insane, three aunts and one uncle.

Another patient was discharged this year who has been insane twelve times. She became insane after the birth of each of her ten children, each attack lasting from three to eight months. Only two of the children are now living. About five years of this woman's life have been spent in hospitals for the insane, because of child-bearing. Is it right that the people of her town should be obliged to support her in such a course?

A woman left this hospital quite well, last year, after an attack of puerperal mania, but she was returned in two months, and continued insane until after the birth of her fifth child, the eldest being but ten years of age. What are the chances of health for the babe born in an insane hospital? A town is obliged to pay for this woman's support. Have the people no right to interfere in such cases?"

Or, again, the following, on the question of inebriety:—

First. — Inebriety is a vice, not a disease.

Second. — Hospitals for the insane are not the proper places for the commitment of inebriates.

Third. — A correctional or penal institution should care for inebriates.

Fourth. — Inebriates should be sentenced, after a trial by a judge, for a definite term.

Fifth. — While imprisoned, inebriates should support themselves, and repay to the state the cost of their trial, and the damage they may have done.

Sixth. — Hopeful treatment consists in daily work out of doors, as far as possible, for a long period, in an institution by themselves, under influences that are strongly religious."

Concerning the "boarding-out" of insane patients, a subject much mooted of late, Dr. Paine suggests that those so provided for should be, in all cases, within easy reach of the hospital, so that they could be visited at regular intervals by officers of the institution, and their progress noted.

The experiments made during the year on the theory that certain forms of insanity were dependable on lacerated cervix uteri, and were curable by appropriate operation, have not yielded encouraging results.

On the whole, the homœopathists of Massachusetts have reason to congratulate themselves that their representative state institution is in the hands of one so altogether competent for its creditable conduct. An alienist who counts in his past record such service to his chosen specialty as the invention of the nasal tube for feeding the refractory insane, and the bringing to practical prominence the benefits of the "rest-cure," has made ample prophecy of signal and brilliant future usefulness.

The question of state homœopathic hospitals for the insane is at present a live and pressing one. Missouri, Minnesota, Iowa, Dakota, California, Indiana, Ohio, and Pennsylvania, are all agitating it, with good prospects of a successful issue; and Michigan's loss of the asylum intended by the legislature to be under homœopathic care, was only owing to inability to find a suitable superintendent. It is a field in which the *milde macht* can be of beneficent usefulness, and as our Westborough asylum demonstrates, of noteworthy success.

"FAT AND FAT CURES" are treated by Dr. Andrew Wilson in a very entertaining little paper published in a recent issue of "Longman's Magazine." Dr. Wilson, in the article mentioned, effectually disposes of the physiological superstition that obesity is due to the over-consumption of fat foods, or can be cured by the reduction or omission of such foods. He shows that the formation of fat is due, in very great measure, to the starchy elements of our diet, and adduces, in proof, the following interesting account of the fattening of geese for *foie gras*:—

Perhaps a more striking illustration still of the process of fat-manufacture in the animal body from the starchy elements of the food, may be found in the results produced by the abnormal fashion in which geese are fed to produce the *pâté de foie gras* of the dainty. From Roman days the fatty liver of the goose has been esteemed by the *gourmet*, and its production is, in itself, a remarkable example of a species of dietetic error perpetrated on the lower animal frame. The bird, lean at the commencement of its dietetic trial, is confined in a compartment of a coop with just sufficient space to exist. Movement is impossible, and the head projects in front of the cell in which the bird is immured. A supply of water is kept below the compartment, and charcoal and salt are mingled with the fluid. The process of feeding is carried out twice daily. The food consists of maize soaked in water. This is squirted forcibly down the throat of the bird by means of a tube attached to a receptacle which, like the "wind-chest" of a bag-pipe, is carried beneath the arm of the attendant. A plentiful supply of water appears to be taken by the bird during the day. In from four to five weeks of this forced feeding, the bird becomes morbidly stout; its breathing is labored, and when this stage of repletion is reached the goose is killed. The liver weighs from one to two pounds, and the body itself is so laden with fat that, when roasted, from three to five pounds of fat are said to be melted therefrom. The remaining circumstances of the process consist in the fact that the birds are fed in dark cellars, while winter is the season *par excellence* for the successful conduct of the operation.

The results of an excessive dietary of starches, combined with an utter absence of exercise by way of food-utilization, are seen in the loading of the bird's system with

the excess products of nutrition. An analysis of maize shows that it contains in one hundred parts, roughly speaking, about eleven of nitrogenous matter, sixty-five of starch, eight of fat, fourteen of water, and one of mineral matter. Doubtless maize may, therefore, be regarded as by no means deficient in fatty elements, but the fact of the origin of the excessive fat found in the goose at the close of its enforced gluttony from the starch of the food does not admit of a doubt. Persoz firstly noted the natural amount of fat which the lean goose contained. Fattened birds were killed between the nineteenth and twenty-fourth days of their imprisonment. A careful investigation of the fat contained in the food, and of that found in the body, showed that there was scarcely any comparison possible, on account of the excess of fat-formation. The increase of the liver appears to take place, not as a direct, but as an indirect result of the fattening process, this organ sharing in the general fatty degeneration to which the animal's tissues are subjected. Even when birds were fed on rice, in which the amount of fat is very small, results were obtained which point to the same conclusion—that of the fat-forming powers of the starchy food-principles. Another notable point was discovered in the fact that if butter alone was given to a duck, the animal died starved in about three weeks; whereas, when butter was added to the rice dietary, a high degree of fatness was developed. This latter fact goes to prove that fat itself aids largely and powerfully in the assimilation of other foods, and that a serious dietetic error is therefore committed when the natural fat supply of the animal frame is lessened or omitted. In support of this contention, further evidence might be adduced in the shape of the fact, if pigs be fed on potatoes alone, they fatten to a certain degree, but thereafter exhibit no increase. If, however, dairy and kitchen refuse, containing fat and nitrogenous matter, be added to the potatoes, the fat-increase becomes of very marked character. The feeding of cows also illustrates the contentions with regard to fat-formation which have just been expressed. The butter or fat of the milk represents an excess of fatty material when compared with the amount of the fat contained in the food of the animal. According to one observer, a cow yielded for several days, on an average, about one pound per day of butter over and above the fat with which it was supplied as food.

The author convincingly points out that any arbitrary attempt to reduce corpulency by the use of drugs and nostrums, is an outrage which nature is not slow to resent; not infrequently by removing from the realm of earthly experiments the individual experimenting,—corpulency and all. Dietetic treatment, and dietetic treatment closely adapted to individual requirements and peculiarities, can alone be relied upon. Says Dr. Wilson: "Liebig's ideas about the 'restless pig' are worthy of being borne in mind as possessing an allegorical application to the highest rank of animal life. 'A restless pig,' said the great chemist, 'is not adapted for fattening, and, however great the supply of food, it will not grow fat. Pigs which are fit for fattening must be of a quiet nature; after eating they must sleep, and after sleeping must be ready to eat again.'" The moral of

this is evident. The would-be reducer of his bulk must become a "restless pig." Sweets and starchy foods must be abstained from, as far as accords with careful preservation of the general health; nitrogenous foods, and a sufficient amount of fat, must be depended upon for subsistence. The author concludes his readable paper thus pleasantly:—

"If any points in connection with this paper remain for remark, they may, perchance, be found in the assertion that, while it may be very desirable to reduce obesity, care should be taken to firstly consider the special circumstances of the case before dietetic experiments are indulged in at all. There are hereditarily stout persons to whom any fat-cure should logically appear as a foolish attempt to thwart and alter the natural constitution of the individuals concerned. It is in the case of such persons, whose stoutness is as natural as is the thinness of other individuals, that harmful effects are wrought by tampering with dietetic arrangements. It may be anything but pleasant for the obese person to be warned, even poetically, to—

Make less thy body hence, and more thy grace;
Leave gormandizing; know that the grave doth gape
For thee thrice wider than for other men.

But the ills and worries of life include many worse details than healthy corpulence. That philosophy of human nature which, founded on experience, is seldom given to err, may find a counter-balancing side to the annoyance of a weighty frame, in the fact that the qualities of mirth, good humor, and keen appreciation of wit and learning are by no means the exclusive mental belongings of the 'lean and slippered pantaloons.'

A PARIS REUNION OF HOMŒOPATHIC PHYSICIANS is announced as among the pleasant collateral happenings of the forthcoming French exposition of 1889. A preliminary circular, whose receipt the GAZETTE acknowledges with thanks, sets forth a few facts of interest on this subject. It recalls attention to the reunion of like purpose as the one now proposed, which took place in the Trocadéro palace, at the time of the exposition of 1878. It proved so pleasant and so profitable a gathering, that French homœopathic physicians are desirous of its repetition; and to that end, committees have been appointed from the *Société Médicale Homœopathique de France* and the *Société Hahnemannienne Fédérative*. The reunion will take place some time next August, the exact date to be announced later. It is strongly urged that all homœopathic physicians then in Europe make an especial effort to be in Paris at that time, and by their presence and participation in the discussions, do their best to promote

the international unity of the profession. Titles of papers which may be promised, can be sent to Dr. Marc Jousset, Boulevard St. Germain 241, Paris. The committee having the reunion in charge are Dr. Léon Simon (*President*), Dr. Marc Jousset (*Secretary*), Messrs. Compagnon, Guérin-Ménéville, Love, Vincent, and Léon Simon.

No more delightful outing can be imagined than a run across the Atlantic, and a supplementing of the fascinations of the Paris exposition by social contact and interchange of professional ideas with one's brethren across the sea.

COMMUNICATIONS.



AN IDEAL LAPAROTOMY.

BY JAMES UTLEY, M.D., NEWTON, MASS.

THE history of the following case may be of interest to those who, at the April meeting of our state society, listened to, or took part in, the discussion of the question, "Can an Ovarian Tumor Disappear Under Medical Treatment or Otherwise?"

In the month of May, 1882, an old-school physician who was attending Mrs. ——— diagnosed an ovarian cyst, lying in the right iliac fossa.

The tumor continued to grow, and the patient to suffer from severe neuralgic pains in the stomach and bowels. For these pains, she received large doses of morphine, and no other treatment.

The following October, her sufferings having become very severe, and the tumor large, Dr. Homans, of Boston, was called in consultation.

The diagnosis was confirmed, and a time set for the operation of removal; when, after all preparation had been made, an examination of the patient revealed nothing, for the tumor had disappeared.

The severe neuralgia continued at oft-repeated intervals, until she was led to desire and seek some other than morphine treatment.

The 14th of the following month, I was called to visit the patient, and found her suffering from the above-described neuralgia, severe enough to cause vomiting, which, however, gave no relief.

The neuralgia promptly yielded, and entirely disappeared under homœopathic treatment, but I found in the right iliac

fossa a tumor as large as a small orange, apparently attached to the ovary. This was carefully watched, but no medicine given had any apparent effect, as the tumor diagnosed as an ovarian cyst continued to grow.

Failing health, and the burden she necessarily had to carry, led her to desire relief in an operation.

Sept. 18th of the present year, at 2.45 P.M. she was placed under the influence of ether. I then made an incision through the abdominal wall, which disclosed a large multilocular tumor. One of the cysts lying in the left iliac fossa, led me to believe, before the abdomen was opened, that I had a case of double ovarian tumor.

The tumor was firmly attached to the omentum and abdominal walls, by strong and extensive bands, considerable force being necessary to separate them from the surface of the tumor.

In all, there were more than one dozen cysts; several of them were tapped, the attachments broken up, the wound enlarged, and a tumor that weighed just thirty pounds was then extracted.

The very small pedicle was ligated with silk, the tumor cut off, and, after observing that there was no hemorrhage from the stump, it was dropped back into the abdomen. But there being considerable hemorrhage from the omentum, where the surface and border were adherent to the tumor, such points were ligated with cat-gut, and the ragged, torn edges cut off. Several veins in the attachments having to be severed, were first ligated in two places, and then cut.

All hemorrhage having been arrested, the abdominal cavity was irrigated with warm water that had been boiled. The abdominal cavity was then carefully wiped dry, and the wound closed with deep silk, and superficial cat-gut sutures; then dusted with Iodoform, and dressed antiseptically.

The time consumed in the operation was thirty minutes; and from the commencement of giving ether, to the time the patient was placed in bed, one hour.

One hour after the operation, the pulse was 75, with no vomiting. *Rx. Aconite 3r.*

Sept. 19.—There has been no vomiting. Ice has been given *ad libitum*. The patient was very comfortable, until, at 2 o'clock A.M., complaining of some pain, a hypodermic of one-eighth of a grain of morphine was given, which gave her rest during the remainder of the night. A little beef-tea was given in the morning, which caused a slight nausea, so that beef-tea was withheld, and granum given, which was retained. The morning temperature was 99.2, and pulse, 95. The patient passed a comfortable day, and the afternoon temperature was 99.8. Pulse, 98.

Sept. 20. — Passed a comfortable night. Morning temperature, 99.2. Pulse, 88. Complained of slight headache over the right eye, for which she received *Bell*. Afternoon temperature 100.2. Pulse, 80.

Sept. 21. — Morning temperature, 98.2. Pulse, 76. Blanc-mange and oyster-broth were added to her list of foods.

Sept. 22. — Complained of some itching, and remarked that it would feel good if she could only raise the dressing and scratch the wound. The tongue was clean, and patient hungry. Toast, which she asked for, also boiled rice, were added to the bill of fare. Temperature, 98.6. Pulse, 76.

Sept. 23. — The patient was given *Magnesii Citratis* ʒ ss.

Sept. 24. — Temperature 99. Pulse 80. The bowels acted, after repeating the dose of *Magnesia*. I then removed the dressings, and found them as clean as when first applied. There being no suppuration, the sutures were removed, and the wound of eight inches in length was found to be entirely healed by first intention. As a support, adhesive straps were then applied, and the patient, for the first time, permitted to turn upon her side.

Sept. 25. — The temperature and pulse being normal, and the patient without a feeling of discomfort, was given a generous diet.

Sept. 27. — When I visited the patient this morning, I found her sitting up in bed, with her hands clasped about her knees.

Sept. 28. — The patient was dressed and sitting in a chair.

Sept. 30. — The patient walked down stairs to her dinner, and being considered perfectly well, the nurse was discharged.

I desire to call attention to the following points of interest in this case :

I. An able surgeon and diagnostician diagnosed an ovarian tumor, which, without treatment, had entirely disappeared at the time set for the operation.

II. The rapid recovery after so severe an operation, the pulse only once reaching 98, and the temperature 100. The patient sitting up in bed on the ninth day, dressed and in a chair on the tenth day. The nurse discharged and patient down stairs to her dinner on the twelfth day, and the patient sixty-seven years old.

ACONITUM NAPELLUS IN PERITONITIS.

BY THOMAS NICHOL, M.D., LL.D., D.C.L., MONTREAL, CANADA.

ON Oct. 8, of last year, I was called to see Mr. J. S. B. —, aged twenty-eight, who, I was told, had been ill for eight days under the care of Dr. —, professor of practice of medicine in one of our medical schools. The diagnosis was peritonitis, and

the result of the treatment—morphea by the mouth and hypodermically—was, that the patient got so low, that the Professor suggested to the mistress of the boarding-house the wisdom of sending the patient to the General Hospital, “so as to avoid the annoyance of having a death in the house.”

The state of the patient almost justified the gloom of the prognosis. He lay in bed, with the head thrown back, and the face was cold, especially the nose and chin, and the eyes were filmy, with the far-off look one often sees on the dying. The tongue was thickly coated, and the speech was inarticulate and hoarse. The abdomen was swollen, and so tender that the touch of the bed-clothes was agony. The hands and feet were cold, and all the limbs were covered with a cold sweat. The pulse was hardly perceptible anywhere, and the heart-beat was of the feeblest. The patient was in collapse.

I confirmed the diagnosis of my allopathic colleague, but kept the prognosis to myself, till I saw what the law of cure could do. I dissolved one grain of *Aconitum Napellus*, the third decimal trituration of the root, in twelve teaspoonfuls of water, a teaspoonful every hour, night and day; for food, a little warm milk, every two hours.

This was at six in the evening; at ten next morning I found him with a warm face, clear eyes, distinct voice, good pulse, less abdominal swelling and tenderness, while the ominous coldness of the hands and feet was gone. The patient was safe, but only *Aconite* could have done it; and I may be permitted to add, of all the *Aconite* preparations, only Clapp's admirable trituration of the root.

CEREBRAL LOCALIZATION.

BY CLARA E. GARY, M.D.

[Read before the Boston Homœopathic Medical Society.]

THIS subject has occupied my thoughts so much of late, that, with the view of obtaining the opinions of others, I have committed to paper a few of the ideas obtained by my reading and observation. The pathology of the brain is a fascinating study, the brain being, as we know, the instrument of intelligence, the centre of sensation, the source of volition, “the dome of thought, the palace of the soul.” How important that we should recognize incipient symptoms of disease, before alarming conditions are manifested! In affections of stomach, bowels, lungs, etc., the patient usually seeks medical aid early, and we have a better chance of cure. A persistent headache, a slight decrease of sensibility, an illusion of the senses, a loss of mental

power, etc., these things are too often ignored and neglected, and too many fatal cerebral cases are thus allowed to develop, until the patient, without any warning, dies suddenly.

A friend of mine (a gentleman who has for many years been engaged in literary pursuits) recently, while sitting at the table, complained of vertigo, was mentally confused, and could not articulate plainly. He, however, soon felt better. A few weeks later he had another attack, but it passed away. In about a week he complained of nausea, — no desire for food. He had no headache, however, and could see and speak distinctly. His physician was summoned, and he gave him a remedy for a gastric disturbance, after which the patient retired for the night. In the morning his wife was awakened by his stertorous breathing, and found him in a state of coma. He died in about an hour. Post-mortem examination revealed an organic disease of the brain, which had existed for a long time. The question arises, how are we to distinguish between these and similar symptoms? The physician can attribute the headache to a derangement of the stomach; the changeable temper, feeble purpose, flighty manner, irritability, depression or exaltation, the loss of sensibility, etc., to the digestive, hepatic, or renal organs; impaired visual power, to affection of the eye, etc. An eminent authority tells us that it is difficult for some to understand the important principle, that disturbed intelligence has the same relation to the brain that disordered respiration has to the lungs, pleura, and heart. Dr. Winslow says, "that disorder of the brain in its early period, is of so transient a character that it is easily overlooked by both patient and physician. An apparently unimportant knitting of the brows, a trifling sensation of numbness in some part of the body, a condition of local or muscular weakness, a state of mental peevishness, irritability and physical restlessness, a depression of animal spirits, an impairment or disorder of sight, a loss or confusion of memory, a difficulty in hearing, inaptitude for mental work, inability to concentrate attention on any given subject, state of sleeplessness or lethargy, inability to regain a lost train of ideas, a transposition of words, a defect of articulation, are all characteristic symptoms frequently diagnostic of disease having commenced in the brain."

The fact that we cannot examine the cerebrum as we can the abdomen and thorax, renders our task arduous. Yet we have one means which is really valuable. I refer to expiration and inspiration. When a vigorous, long-continued act of expiration takes place, the brain is elevated, the cerebellum is pressed against the teutorium, and the cerebrum against the cranial bones; also during inspiration, when the brain falls and approaches the base of the skull, we have a chance to obtain some

information regarding diseases affecting the base of the cerebrum and cerebellum. The disturbing lesions of the brain may be designated as :

First. — Those of the gray matter of convolutions of brain (that is cortical lesions).

Second. — Central mass of cerebral hemispheres, including lesions of internal capsule.

Third. — Those of corpora striata.

Fourth. — Those of pons Varolii.

Fifth. — Those of medulla oblongata.

Sixth. — Those of spinal cord.

On refreshing the memory respecting the duty of the different convolutions, we find that the convolutions of the frontal lobes are not associated with motion, excepting the ascending, and the base of the first, second, and third frontal convolutions. Outside of this area, lesions of the frontal lobes apparently produce no symptoms.

When Broca's centre is destroyed, aphasia follows. The convolutions of the occipital lobe are apparently associated with more marked mental derangement, when diseased, than the frontal or temporal. Power of vision is usually affected by this lobe. Convolutions of temporal lobes are associated with special senses of smell, hearing, sight, and touch, sometimes with aphasia.

Dr. W. H. Porter, of New York, thinks that we should gain our knowledge of cerebral troubles by one means alone, and that is post-mortem investigation, keeping a strict account of symptoms before death.

The following tables were deduced from the observation of Dr. Porter and others, in this way : by observing the lesions found post-mortem, and the symptoms of the case, until it was found that certain symptoms (those tabulated) would give certain lesions, or that the given lesions were always preceded by set symptoms. They were developed from the pathological side of the question. We had the lesion, and then looked for the symptoms.

CEREBRAL LESIONS.

1. All lesions act in one of two ways ; first, as irritants ; second, as destructives.
2. Irritants cause convulsive movements of certain groups of muscles.
3. Destructives cause paralysis of certain groups of muscles.
4. Severe lesions act first as irritants, later as destructives ; first, convulsions ; second, paralysis.
5. Softening of brain from emboli or clots, acts doubly.
6. Slight effusion upon convexity causes convulsions.

7. Extensive effusion upon convexity causes general convulsions.

8. Extensive effusion at base of brain causes immediate death.

9. Gradual effusion at base of brain causes death in a few hours, or two or three days.

LESIONS OF CORTEX.

1. Lesions are referred to the two central convolutions and Broca's centre.

2. Lesions of the gray, or underlying white matter, may or may not give rise to symptoms.

3. Disturbed intellection indicates different lesions as chronic meningitis or progressive paralysis of the insane.

4. Disturbance of faculty of speech, and of muscles of articulation is usually referred to Broca's centre.

5. Aphasia is associated with lesions of Broca's centre.

6. Loss of hearing, lesion in left temporal lobe, first temporal convolution.

7. Loss of vision, hemiopia, lesion cortical, but may occur with lesion of corpus striatum. If accompanied by other symptoms, it indicates lesion in occipital lobe.

8. Disturbed sensibility of skin indicates lesion of corpus striatum, but may occur with cortical lesion.

9. Sudden aphasia, without loss of motion or sensation, indicates a circumscribed lesion of cortex, Island of Reil, or third frontal convolution.

10. Sudden paralysis of upper eyelid, without other symptoms, indicates a circumscribed lesion of cortex.

11. Isolated paralysis of arm, of a group of muscles, including those supplied by seventh and twelfth nerves, indicate a cortical lesion.

12. Convulsions of groups of muscles, followed by paralysis, are almost certain symptoms of cortical lesion.

LESION OF CORPUS STRIATUM.

1. Marked lesions of this ganglion cause motor and sensory paralysis of opposite side.

2. A lesion involving caudate or lenticular nucleus, may be followed by disappearance of paralysis.

3. When both nuclei are involved, the paralysis remains permanent.

4. Permanent paralysis is followed by permanent contraction of muscles.

5. Extensive lesions of this ganglion cause permanent paralysis of leg, arm, and face of opposite side of body.

6. With the above lesion, there is occasionally temporary paralysis of hypoglossal.

7. In rare cases, the paralysis may be limited to leg and arm, or face.

8. Lesion of lenticular nucleus only, cannot be distinguished from those of caudate nucleus.

9. Lesion of anterior portion of this ganglion causes motor paralysis, without loss of sensation.

10. Occasionally, lesion of this ganglion causes complete anæsthesia of skin, accompanied by loss of sight, hearing, taste, and smell, on same side, with hemiplegia on opposite side of the body. This indicates involvement of internal capsule.

11. Some lesions of this ganglion cause paralysis of vaso motors, whereby the paralyzed side has a higher temperature than the other, accompanied by persistent venous congestion. This indicates involvement of the posterior portion of internal capsule.

EFFECT ON PUPIL.

1. Extravasation into corpus striatum causes contraction of pupil on same side.

2. Extravasation into crura causes contraction of pupil on same side.

3. Effusion into ventricles causes, first, contraction; second, dilation.

4. Extravasation into centre of pons causes contraction of both pupils.

5. Extravasation in side of pons causes contraction of opposite side.

6. Extravasation into corpus striatum, or high up into pons, causes hemiplegia, facial paralysis, and contraction of pupil of opposite side.

7. Extravasation low down in pons, causes hemiplegia of opposite side, facial paralysis, and contraction of pupil of same side.

It seems to me that most experimental work must, of necessity, be misleading. It leads us into a great many errors. For this reason experimental work, in itself, produces great abnormalities in the physiological economy, and we have no known way of making due allowance for the abnormality; we do not know how much to attribute to the abnormality, and how much to attribute to the experiment.

Pathological lesions usually work slowly and insidiously, and give nature some time to accommodate itself to the lesion, and thus compensate for the injury.

Experimental lesions are always sudden, and do not allow the system time for accommodation and compensation; conse-

quently, the results of the two are often diametrically opposite. If we cannot invariably confirm given symptoms by given pathological lesions, we have no right to consider such symptoms diagnostic of any given disease; but when we find that in ninety-nine per cent. of the cases certain symptoms give certain lesions when the post-mortem is made, then, indeed, we can feel comfortably certain.

*A CASE OF GENERAL PARESIS WITH HEMORRHAGIC PACHY-
MENINGITIS.*

BY N. EMMONS PAINE, M.D., WESTBOROUGH (MASS.) INSANE HOSPITAL.

[*Read before the Worcester County Homœopathic Medical Society.*]

THE patient was admitted to this hospital, July 9, 1888. He was a widower, aged 48. It is safe to say that he was predisposed to insanity. His father died insane, and his grandfather had been insane, but was never committed to an asylum. The duration of this, his first attack, was given as one year. He had been in the army and had spent some time in a Soldiers' Home. He did not seem able to support himself, although there was no history of a wound received in the army. When able to work, he was a dry goods clerk. He sometimes indulged to excess in liquor, but was not a steady drinker.

He was a good-looking man, his black hair tinged with gray, and appeared to be an excellent example of a nervous type frequently seen in America, but seldom in Germany.

A relative writing of him, says, he "had noticed that he appeared to be losing his mind, and the disease seemed to be more marked each time I saw him. He seemed to be very weak in the legs, and would stagger in walking like a drunken man, and sometimes would fall down suddenly, and have to be helped up. I considered, from what I saw, that he had softening of the brain, and was not at all surprised upon hearing he had been sent to the asylum."

When received at the hospital, he was found to have unsteady gait, and his habits were very untidy, and he was restless. He was placed in bed. During the first three days, his temperature stood at 99 $\frac{1}{2}$; for the next two days it averaged normal; and during the next five days it varied from 98 to 97 $\frac{3}{4}$, followed by a normal temperature during nearly all of his stay in the hospital. His mind gradually became weaker, and on the 26th of Oct. he was shown to the students of the Boston University School of Medicine as a case of general paresis. At that time he could answer many questions, but his memory did not serve him well. He exhibited, at the same time, the characteristic

gait of locomotor ataxia. On the 3d of Nov., his attending physician, Dr. Wiswall, discovered him to be suffering from a congestive attack. He was unconscious; temperature, $104\frac{1}{2}$; pulse, 120. On Nov. 4, he appeared worse; was comatose; breathing stertorous; ptosis of both eyelids; had epileptiform convulsions; temperature $106\frac{3}{4}$ before his death.

During his stay in the hospital he was kept in bed, because he was untidy, was destructive of clothing, and was unable to take proper care of himself if dressed and allowed to do as he pleased, although he could walk and take care of himself for a short time.

AUTOPSY.—At the autopsy, the day after his death, the skull was found to be about twice the ordinary thickness. In the frontal region, on the right side, was a deposit on the inner surface of the bone, while at the corresponding place on the left side, there was a depression in the bone. This new bony growth was about an inch in diameter, and seemed to be about one-eighth of an inch at the deepest part.

On turning back the dura mater, a thick membrane, bulging with a dark colored fluid, came to view. This was adherent at many points to the dura mater. After the adhesions were torn away, and this membrane cut and turned back, fresh clots were found on each side of the brain about the size of a cuttlefish bone, and also a large quantity of serum. The clots were compressing the parietal and frontal portion of the brain about half way between the longitudinal sinus and the inferior angle of the frontal lobe. While the principal clot was located as described, thinner portions were easily traced forward and downward to the orbital plate. The false membrane, which was situated between the dura mater and the arachnoid, was about one-sixteenth of an inch thick, and was composed of previously formed clots which had become organized. This membrane or new growth has been named by medical writers pachymeningitis hemorrhagica.

The pia mater over the whole brain was thickened, and was opaque. It was estimated to be one-thirty-second of an inch in thickness. The pia mater was adherent in only two or three spots, principally on the postero-parietal lobule. This is significant, as it is the location, according to Ferrier, "of the centres for movements of the opposite leg and foot, such as are concerned in locomotion." The ataxic gait can thus be accounted for, and the absence of hallucinations of sight and hearing; and delusions of wealth and grandeur can be accounted for by those particular portions of the brain not showing the ravages of the disease; and the fair amount of intelligence that remained, may have been due to the frontal lobe not showing the characteristic appearance of general paresis.

Death was undoubtedly caused by apoplexy. The fresh clots appeared to be only a day or two old. The membrane itself appeared to have been composed of two or three extravasations of blood, which had become organized at different periods of time, as part of the membrane appeared tough, almost like the dura mater, while other portions were thicker and softer. The brain weighed forty-one ounces; eleven ounces of serum and blood escaped.

On removing the brain, it was found very much compressed on the sides. To show the contrast between this compressed and long brain and the broader brain of another person, this one was placed inside of a plaster cast taken from the inside of a skull of another patient.

This being the first time I have found this pathological condition, it has seemed to me advisable to report it. Of the twenty-seven autopsies which I had made upon the insane, and which were printed in the report for 1880, of the New York State Homœopathic Medical Society, there were eleven cases of general paresis described. Although we have had a number of deaths from general paresis in this hospital, we have been able to make autopsies in only two, and this condition did not exist in them; that is, of fourteen autopsies upon paretics, I have found only one case of hemorrhagic pachymeningitis.

One writer on this subject reports that he found three such cases in fifteen autopsies upon paretics.

Clouston says concerning it, "In a number of cases we find, under the dura mater, and attached to it, lying between it and the arachnoid, a new substance of a morbid and peculiar kind, commonly called a false membrane. . . . In some cases it looks like a clot, in others like an extra layer of dura mater, but it can always be easily scraped away. It always contains new blood vessels, and nearly always blood corpuscles or blood-coloring matter. On microscopic examination it is found to consist of a newly organized fibrous tissue, in a gelatinous matrix with much granular matter, white and red blood corpuscles, and newly formed and forming capillaries with tender walls. This is the so-called pachymeningitis hemorrhagica interna of the Germans, a ridiculous and misleading name, for it is not the result of inflammation at all. The formation of the substance is, to my mind, full of interest and instructiveness. It implies a very great intensity of morbid action in the convolutions, and probably also great and sudden changes in the blood pressure within the cranium."

Another writer, Huguenin, as reported by Ross, states "that he believes that the first stage of haematoma (pachymeningitis hemorrhagica) is not the formation of a false membrane, but

simply an extravasation of blood on the inner surface of the dura mater, which undergoes the changes that usually take place in a coagulum. This coagulum undergoes partial organization so as to form a vascular layer, from which hemorrhage takes place, giving rise to further extravasation, which in its turn becomes organized."

THE BACTERIA OF THE VENEREAL DISEASES.*

BY DR W. ALBERT HAUPT, CHEMNITZ.

[Translated by S. R. F. Lantsius-Benings.]

PART I.

IN studying the diseases which take their origin in "impure" sexual intercourse, it is hardly possible for anybody—may he accept the germ theory or not—not to assume that they are propagated by a living contagion. The extremely small quantity of the infectious virus, the inevitable period of incubation (*i. e.*, the time the contagion needs to increase in the body of the infected individual to a quantity sufficient to cause disease), the reappearing of syphilitic phenomena after intervals of apparent health, the fact that this poison, reproduced in the organism and introduced into the system of healthy individuals, always produces the same pathological changes—all this does not admit of the theory of a dead chemical contagion.

Up to the end of the last century, the opinion was general, that the principal forms of the diseases gonorrhœa, chancroid, and syphilis, were affections different only in degree, and caused by one virus. This virus was thought to be of different effect, according to the constitution, manner of life, age and sex of the patient, and to be modified by the different ways of treatment.

At the beginning of our century it was recognized that gonorrhœa is a disease *sui generis*, originating only when gonorrhœal pus is brought upon the genito-urinary mucous membrane. Hahnemann, the great observer, distinguished the "gonorrhœa miasm" from the "syphilis miasm" at a time when allopathic physicians of great celebrity and name pleaded the identity of the two poisons.

Absolute clearness about this disputed point was gained only when attempts at inoculation with gonorrhœic pus (generally in the thigh) were made, which attempts had either no result at all, or caused only a very trifling inflammation, which disappeared in a few days, and was never followed by a sore resembling chancre.

* Zeitschrift des Berliner Vereines homœopathischer Aerzte, Bd. VII., Heft IV., April, 1888.

It was reserved for our time, which brought the discovery of the pathogenic bacteria, the bearers of the contagium vivum of the infectious diseases, to detect the gonorrhœa-contagion in the form of a spheroid bacterium.

This bacterium was first discovered by Neisser (1879) in urethral blennorrhœa, and called "gonococcus." Its diameter is about 1.25μ ($1 \mu = 0.001$ millimetre). It is rarely found in the form of a full sphere, but almost always divided into two, and as the two halves remain united, probably by a cellulose membrane, these schizomycetes belong to the diplococci. Quite frequently four cocci are seen lying together in small quadratic groups. Neither this tetrad, nor the dumb-bell form, however, is a peculiarity belonging only to the gonococcus; but its chief characteristic is that it penetrates into the protoplasm of the living cell. To examine the gonorrhœal secretion, it is smeared on a cover-glass; this is dried, drawn — the secretion upward — through an alcohol flame, and stained with methyl or gentian-violet, or with methylene blue or fuchsine, or by Frænkel's method of double staining (with eosine and methylene blue). On examination under the microscope (magnifying six hundred diameters) the parasites are seen in groups, imbedded, almost always, in the pus cells or epithelia, the nuclei of which, however, are never invaded. In very old gonorrhœæ the gonococci sometimes cannot be demonstrated; and if none can be found, by repeated examinations on different days, the secretion is certainly no longer infectious.

In microscopical sections of parts affected with gonorrhœa, the micro-organisms are found in great quantities, arranged in groups and incorporated in the cells in the lymphatic vessels and lymph spaces, in the mucous membrane, and in the submucous tissue.

It is certain that the gonococci thrive only on mucous membranes with cylindrical (or a similar) epithelium (urethra, uterus, glands of Bartholine, conjunctiva), and never on mucous membranes with scaly epithelium; and that they cause, principally, inflammatory processes on the surface. As the epithelial covering is continuous, they may, of course, migrate from the male urethra to the prostate, epididymides, and testicles; in woman, from the cervix uteri to the uterus and the Fallopian tubes, and cause in these places a "purulent catarrh." The gonorrhœal affection of the conjunctiva of new-born children, as well as of adult people, where suppuration and breaking down of the connective tissue occurs with subsequent cicatricial contraction, periurethral abscesses, abscesses of the prostate and testicles, suppurating gonorrhœal buboes, and the so-called gonorrhœa metastases (arthritis, especially gonitis and endocar-

ditis gonorrhœica), are not caused alone by the above schizomycetes, but by an accidentally present pyogenic micrococcus (in most cases staphylococcus aureus).

A mixed infection has taken place in those cases where, during or after a gonorrhœa, constitutional affections set in; here gonorrhœa and syphilis virus are certainly taken into the system at the same time.

As the gonococci can be demonstrated in the secretions of all mucous membranes which are affected with gonorrhœa, and have not yet been treated with germicidal remedies, and as a secretion without gonococci never causes gonorrhœa, even if applied to the susceptible mucous membranes in very large quantities, while the smallest quantity of a secretion containing gonococci causes the disease every time, without exception, the diagnostic value of Neisser's discovery must be recognized. Bumm, who studied the diplococci most carefully, found that they do not grow at all in solid nutritive gelatine and agar-agar, only scantily on mutton blood-serum, and better on human blood-serum, at a temperature of 33 to 37° C. Here they form on the surface a thin, whitish-gray or brownish coating, which looks moist and shining, is finely granular, with cloudy thickenings, and ragged, sharp and steep margins. These cultures grow slowly without liquefying their nutrient soil, and die completely after only three or four days; they are very tender, and perish quickly on the application of very weak antiseptic solutions.

Fehleisen and Bumm transferred such cultures of gonococci, even in the twentieth generation, to the healthy mucous membrane of the urethra of men and women, and caused, in all cases, a typical urethral blennorrhœa. But Bumm did not succeed in causing pointed condylomata with them, and in thirteen cases of pregnant women who were affected with these excrescences, he found gonococci only once. It seems, therefore, that the pointed condylomata do not always owe their origin to a specific irritant (the gonorrhœa virus), but are generated in predisposed people by various other irritants.

During the last years some physicians (Giovannini, Hiller and others) asserted that the existence of a gonorrhœa contagion had not been demonstrated; especially von Zeissl denies, energetically, the diagnostic and ætiological signification of the gonococci.

The objections of these opponents are, that diplococci, which look exactly like Neisser's gonococci, are sometimes found in urethræ, which are not affected with gonorrhœa, and in purulent urethral secretions which are not caused by coition.

But lately several bacteriologists have shown that the mucous

membrane of the male and female genital organs sometimes contains micrococci which, although they are perfectly like the gonococci morphologically, differ greatly from them biologically. These are partly perfectly harmless, partly pathogenic. Among the latter is especially important a diplococcus, which Bockhart isolated from a neutral or alkaline vaginal secretion. Under the microscope it is distinguished with difficulty from the gonococcus, but it grows on agar-agar, at a temperature of 30 to 32° C., and produces, when transferred to the mucous membrane of the male urethra, a urethritis, which is benignant (pseudo-gonorrhœa) and of very short duration. Then the same investigator found another species of micrococcus which is very small, more oval, and arranged in chains, and causes, likewise, an inflammation of the urethral mucous membrane, which disappears after a few days. Finally, Bumm discovered in puerperal cystitis a diplococcus which, in its form and arrangement, as well as in its relation to the pus corpuscles, has the greatest resemblance to the gonococcus, but which keeps its stain in Gram's method of staining (the gonococci lose in it their color entirely), and which produces on nutritive gelatine a yellow coating. According to Doléris it occurs regularly in the lochia.

These discoveries certainly show that it is very easy to come to false conclusions, if the schizomycetes are simply judged by their looks, and that the attacks on Neisser's micrococcus as *prima causa* of gonorrhœa are entirely unjustified.

The experiments of Neisser and Leistikow are very interesting. According to them, the gonococci disappear in the urethral discharge, when solutions of zincum sulfocarbonicum, 1:500, corrosive sublimate, 1:10000, tannin, acetate of lead, 1:100, nitrate of silver, 0.25:100, carbolic acid, 0.25—0.5:100 are injected for a longer or shorter period. That in spite of this treatment the gonorrhœa often does not cease, is because these germicidal substances only destroy the bacteria on the surface, and do not reach those vegetating in the mucous membranes and lymphatic vessels.

Leistikow found, also, that the parasites disappear under the internal use of copaiba.

According to my own experiments, they can be made to disappear in a few days by the internal administration of oleum ligni santali, four times daily, five drops in a tablespoonful of water. (In trying this, great care is necessary, because this oil has a strong irritating effect on the kidneys.)

On the other hand, I will not conceal, that Sinnety and Henneguy succeeded in demonstrating gonococci in the urethra, sometimes a considerable time after the curing of the disease with antiseptics. It would, however, be very rash to conclude from

this, that Neisser's micro-organisms are innocuous ; it is rather to be assumed that their nutritive soil has been changed by the exhibition of the drugs, so that it just allows the gonococci to live ; if they remain viable till the mucous membrane has returned to its former normal state, they begin anew to increase in number, and produce, by their abundant vegetation again, inflammation and suppuration ; the gonorrhœa that had been "syringed away" returns.

Why homœopathy can show no better results in the treatment of gonorrhœa than allopathy, is explained by the fact, that in spite of the great number of remedies for gonorrhœa, up to today we do not have one real *simillimum* for this miserable disease ; but since we have found one for the blennorrhœa of the conjunctiva in *Merc. præc. rubr.*, we may discover one for the blennorrhœa of the urethra.

PART II.

It has not yet been possible to demonstrate the parasites which cause the infectious ulcers of the genital organs, with the same certainty as those of gonorrhœa. There is, even now, in the interpretation of the nature of these ulcers—not to the credit of medical science—an unparalleled confusion, although they have been known from the earliest times, and have been, on account of their terrible frequency, the object of continuous researches and experiments. This diversity in the opinion of medical men will not give room to a sure knowledge till bacteriology has given its final decision about the ætiology of chancroid and syphilis.

As is generally known, Hippocrates mentions ulcers of the genitals, "pustules of the penis," and the books of Celsus contain a description of the different forms of ulcers, as well as the advice to clean the parts immediately after coitus, and to have ulcers breaking out after it burned or excised.

According to Flavius Josephus, King Herod is said to have suffered from painful genital ulcers ; and according to Eusebius, one of the last Roman emperors, Galerius (308 A.D.), is said to have died from the consequences of his dissipation, ulcers on the genital organs and the rest of the body. Bishop Palladius reports about a century later, that a certain hero acquired an ulcer of the penis by his intercourse with a prostitute, and lost this organ after six months, by suppuration (phagedenic chancroid?). Whether, in the earliest times, constitutional syphilis existed, is still a matter of dispute.

The Indian medical writer, Sûsrutas, gives, in his *ajurvêda* (from the eighth century), descriptions of affections which were caused by sexual intercourse, and can hardly be interpreted as

anything but lues: and according to a medical work which was published in Japan in the ninth century, and from which Scheube gives extracts (*Virchow's Archiv.* Bd. 91, 1883, page 448), genital affections were already at that time in Japan connected with certain diseases of the skin, bones, joints and throat. In Europe, syphilis became known as a distinct disease only at the end of the fifteenth century. It appeared first as a destructive epidemic in the army of Charles VIII., of France, who besieged Naples in 1494-1495. The earliest medical description we owe to Marcellus Cumanus, a Venetian physician in the army which besieged Novara in 1495. He speaks of ulcers of the genital organs, followed by violent pains in the arms and legs, and eruptions of the skin which lasted for years. The same phenomena, and terrible disfigurement of the face, by destruction of the nose, are also recorded by the annalists of that time.

The opinion is most widely accepted that the disease came to Europe by the discovery of America. Indeed, it prevailed in the West Indies long before that time, for according to Diaz de Islas (1510) a perfect systematic treatment of it was practised there, particularly with guajak wood. On the other hand, a number of descriptions of diseases and historical notes exist, which seem to indicate that the disease existed in different parts of Europe before Columbus' return from his first voyage. In some chronicles, written before the Italian expedition of Charles VIII., we find even the names, "*morbis gallicus*" and "*mala franzos.*"

Of course the opinions of the physicians of that time concerning the origin of syphilis were extremely different and hazy. Most of them referred it to impure sexual intercourse,* but could not explain the sudden enormous prevalence of the disease, except by the assumption of a particularly unfavorable constellation of the planets, or of a contamination of the air, or of the influence of abnormal meteorological states. Some even regarded this disease as a direct punishment from heaven. T. Fernelius is considered the first who decidedly rejected the astronomical, cosmical, and teleological ideas, and looked for the origin of lues alone in the contact with the specific poison. He traced, in a masterly manner, a truthful picture of the primary symptoms, and the later manifestations of the disease.

In looking over the literature of the venereal diseases, it is astonishing to find how early the induration of the ulcers was

**e. g.* Conradinus Gilinus (1497) says: *Unum tamen inter caetera dico, morbum hunc contagiosum esse; unde iterum atque iterum moneo, ne cum mulieribus hac perniciose aegritudine laborantibus, aut eae cum viris hac aegritudine infectis, se commiserint.* (Vide Boerhave's edition of the collection of writings on syphilis from the 15th and 16th century; *Aphrodisiacus sive de lue venerea*, etc. Lugd. Bata., 1728, I., page 343.)

observed. It is already mentioned by Marcellus Cumanus (1495) (Gruner, *Aphrodisiacus*, page 53); the Spanish physician, Francisco Lopez de Villalobos (1498) says: "Mas quando en tal miembro esta buba o llaguita majormente si es sin dolor y esta dura." T. de Vigo (1503) speaks of pustules, "cum callositate eas circumdante," and Petr. Maynardus (1506) of "pustulæ induratae." Most interesting is a passage in Gabr. Fallopiæ (1564) in *Aphrod.* II., page 781: "Suboriuntur ulcuscula in pudendis callosa, vel fiunt callosa quæ inceperant. Quoties videtis sanatam cariem et quod remanent calli circa cicatricem, tenete esse confirmatum Gallicum. . . . quoniam calli illi sunt manifestissima et demonstrantia signa morbi confirmati."

The physicians of the sixteenth century knew even that the primary syphilitic affection appears only after a certain time of incubation, as is shown by the following passage in Hieronymus Capivaccius: "Quibusdam simulac venere sunt usi eo ipso die caries oerumpit; nonnulli post coitum non corripuntur carie nisi post 30 aut 40 dies."

The induration of the genital ulcers was most carefully studied and most minutely described by John Hunter (vide "A Treatise on the Venereal Disease," London, 1786). He is also to be regarded as the founder of the disastrous doctrine of unity, for he was the first who undertook to "prove," by inoculations, the identity of the poisons of gonorrhœa, chancroid, and syphilis.

A long time passed till better observers and experimenters brought to light the mistakes in his experiments; and in the conclusions drawn from them, and even at the present day, there are physicians who cannot free themselves from the faith in the unity of the contagion.

The dispute about the nature of gonorrhœa, which, up to the end of the sixteenth century was regarded as a disease *sui generis*, later, however, mixed up with syphilis, was finally decided in 1831 by Ricord, who, by many hundred inoculations of gonorrhœal pus into the skin, proved that neither chancroid nor constitutional syphilis is ever caused by it.

Whether these two last forms of disease are identical or different, is a matter of dispute even at this time, but the host of the unitarians is growing smaller and smaller every day.

It was Ricord who—in his "Lettres sur la Syphilis," published 1850–1851—first distinctly separated the indurated chancre from the nonindurated, and only attributed to the former the power to produce general syphilis. But he still thought that the result was dependent on the individuality of the infected person.

To Léon Bassereau belongs the merit of having distinguished the "soft" chancre, which always remains local and only some-

times produces suppurating bubos from the "hard" ulcer which leads to constitutional disease, not by its form but by its cause, and to have created the so-called doctrine of duality, according to which chancroid and syphilis have their origin in two different contagia. This new doctrine was supported first by Clerc (vide "Du chancre syphilitique," *Moniteur des hôpitaux*, Paris, 1854); it was propagated and widely recognized through the lectures of Ricord, who had left the camp of the unitarians ("Leçons sur le chancre," red. par A. Fournier, Paris, 1858). Now important distinguishing signs between the two poisons were discovered by numerous inoculations; after inoculation of the pus of a soft chancre, a reddening was observed after not more than twenty-four hours, and a vesicle on the third day, which changed in the following days to an ulcer, while after the inoculation of the secretion of a hard chancre, an initial syphilitic sclerosis developed only after an incubation of several weeks.

Then (vide T. Rollet "De la pluralité des maladies vénér.," 1859, and "Études sur le chancre produit par la contagion de la Syphilis secondaire," *Arch. génér. de méd.* Février, 1859), the mixed infections were discovered, in which the poison of chancroid and syphilis has entered the body at the same time, and where first an *ulcus molle* appears, which afterwards takes on the Hunterian induration and leads to constitutional syphilis.

In Germany the soil was already prepared for the theory of the duality of the contagion by Waller and others, and so it very soon found adherents, among whom, as the first, von Baerensprung effectively defended and promoted it (vide *Annalen des Charité-Krankenhauses*, Berlin, 1860). The facts proved by the dualists, by many repeated inoculations were:

The virus of the soft chancre produces in the affected individual, as well as in really syphilitic subjects, always and only soft chancres.

The virus of syphilitic scleroses and papules—the scanty, thin, transparent secretion—has no effect on the bearer, or causes only abortive pustules.

The unitarians opposed to these the following theses:

The hard chancre is autoinoculable; but the product of this inoculation is a soft chancre.

The soft chancre is derived from syphilis; it is originally generated in syphilitics by the syphilis poison.

These theses they tried to prove by experiment.

There are, it is true, recorded in literature a few cases where the autoinoculation with the syphilitic secretion succeeded, but in these cases the initial induration had existed in the inoculated individuals only a very short time, and the contagion had certainly not penetrated the whole body, so that the newly introduced

virus could take effect. But most reports show only the entire failure of the inoculations. Only when the syphilitic papule was brought to suppuration by the application of a seton or of irritating ointments, the experimenters (Böck, Bidentkap, Sperino, Auspitz, Pick, and others) succeeded in producing soft sores by the inoculation of syphilitics with the pus, and these soft sores could be transferred to healthy persons. But these results have lost all their value since we know that suppuration is caused only by the vegetation of different kinds of schizomycetes, which are almost as ubiquitous as the bacteria of putrefaction, and which find an extremely favorable soil for their growth in an organism weakened by syphilis. Those of the older physicians who still adhere to the doctrine of the identity of the contagion, rely principally on their own experience, that soft chancres exist which are followed by syphilis, while sometimes no general symptoms appear after hard chancres. To this we can only reply, that not the theory of duality, but now and then the diagnosis of genital ulcers, is incorrect.

It sounds very easy in the lectures of professors and in textbooks to distinguish an "ulcus molle" (simple, "venereal," "contagious ulcer," "soft chancre," "local contagious helcosis") from an *ulcus induratum* ("hard," "Hunterian," "infective chancre," "scleroma," "initial syphilitic sclerosis"), but *in praxi* it is often extremely difficult, if not entirely impossible. The typical form of the initial syphilitic lesion; the sharply circumscribed nodule, with its covering slough, or the peculiar brown-red erosion on its surface, is not more frequent than the ambiguous and not typical cases. No wonder, then, that not only busy practitioners, but also specialists and celebrated authorities, now and then make a mistake in the diagnosis of these lesions.

The literature of these diseases contains a great number of instances which show how inadequate the terms "soft" and "hard" seem, to sufficiently characterize the contagious lesions of the genital organs.

There is first the unanimity with which the best observers state the great rarity of the induration in the female sex. I will cite here only Hölder (*Lehrbuch der vener Krankheiten*, Stuttgart, 1851), Sperino (*La sifilizzazione*, Torino, 1853), Chanfleury von Jessenstein (*Ueber indurirten Schanker und Schankroid*, Nederland, Weekbl. 1855), Köbner (*Experiment. Mitth. ausd. Dermat. u. Syph.*, Erlangen, 1861), Michaelis (*Compendium der Lehre v. d. Syphilis*, Wien, 1865), Morgan (*On the duality of venereal sores*, *Med. Times and Gaz.* 1870), Jullien (*Traité de la Syphilis*, Paris, 1879), and von Zeissl (*Lehrb. d. Syphil.* 4. Aufl., Erlangen, 1882). And yet women so often distribute "hard chancres" and suffer from constitutional syphilis.

(To be continued.)

CONTRIBUTIONS TO THE STUDY OF THE SPINAL MANIFESTATIONS OF GONORRHŒA.

BY DRS. E. HAYEM AND EM. PARMENTIER.

[Translated from the "*Neurolog. Central-Blatt*," * by Albert Pick and F. Pritchard, B.U.S.M.]

A COACHMAN, twenty-six years of age, contracted gonorrhœa in the month of May, in the year 1883. After three weeks the discharge ceased; but instead of this, drawing pains appeared in the right hip and shoulder, as well as in the left foot; these, however, after two months' treatment in the hospital, largely disappeared. Towards the end of the year 1884, the pains in the feet so increased, especially in the heels, that the patient became incapacitated for work. In July, 1885, his gait became unsteady, and pains made their appearance in the region of the kidneys and thorax. On the 24th of May, 1886, the following condition was noted: violent pains in the loins, pains and paræsthesiæ in the lower extremities. Hyperæsthesia of the skin, great sensitiveness to pressure over the dorsal and lumbar vertebræ; the patellar reflex was increased and the ankle clonus distinct. The skin-reflex was extremely active. The gait was difficult and tottering. The gross strength of the leg-muscle was decreased. There were neither vesical nor rectal disturbances. In July, 1886, painful swellings of the joints of the right knee, hands, and shoulders manifested themselves. After that, also the nervous symptoms became worse again. With more or less change, the disease continued until the spring of 1887. The affections of the joints, especially, recurred; the vertebral articulations, the hips, knees, shoulder joints, joints of the feet, small finger joints, and other joints were repeatedly attacked. The muscles became distinctly emaciated. Finally, in May, 1887, his condition improved permanently, and towards the end of the year the patient was able to resume his former occupation.

The treatment had consisted in the administration of *natr. salic.*, sulphur and vapor baths, massage, etc.

The second case, observed by the writers themselves, was that of a young man twenty-nine years of age, who contracted, in September, 1886, a severe gonorrhœa. Two weeks later violent pains in the lower extremities appeared, which were followed by a swelling of the right, and later of the left, knee. Within the next month, atrophy of the muscles took place. The pains persisted. The tendon-reflexes were much increased. Frequent trembling of the legs. The sphincters were normal, as well as the sensibility; the patient could hardly stand alone. Only after half a year did improvement set slowly in, which, in

* An abstract from the *Revue de Médecine*, VII., 1888.

April, 1887, had progressed so far that the patient could be discharged.

In addition to these two well-reported cases, the writers cite a similar observation from the literature on this subject. That the condition in question is a grave gonorrhœal joint affection, is in the highest degree probable. But that the nervous symptoms described (pains, hyperæsthesia, increased reflex-sensibility, muscular weakness, and emaciation,) may be really dependent upon a gonorrhœal meningitis, or even myelitis, as the writers think, can scarcely be conceded without further investigations, as often similar symptoms appear in connection with other chronic joint-affections.

MEDICINE: HISTORIC AND MODERN.

BY F. C. RICHARDSON, M.D., BOSTON.

[*Presidential address before the Boston Homœopathic Medical Society.*]

MEDICINE, as a science, is nothing if not progressive. And as progress is impossible without a consciousness of past failures, it may be of benefit to review, briefly, a few facts of medical history.

It is an old-time jest to speak of physicians as "licensed murderers." History plainly shows the derivation of the jest.

While the art of killing has made great advances since the primeval man seized the thigh-bone of a deceased ancestor to repel the attack of a frantic mastodon, the art of healing has made still greater strides, though pessimists may be found who claim the contrary.

As an introduction to my address, let us look at the condition of medicine even a hundred years ago.

Where Harvey left the profession a century before the date to which I allude, it had remained. Galen would still have taken front rank in medicine, could he have revisited the "glimpses of the moon," so little advance had been made.

Fevers and diametrically opposite conditions, no more to be mistaken the one for the other than a cat should be mistaken for a St. Bernard, were classed together, and treated alike by blood-letting and purging. A fleam and salts or rhubarb were the popular exhibitions of the prominent practitioners.

The heart and lungs were obscurely known, and when diseased the doctors guessed about them; and while they guessed and bled, and guessed and purged, the patient died.

A man who for his sins fell under the care of a physician, made his will. The farrier fired a horse for spavin, and, for analogous reasons, a man had his spine cauterized for lumbago

and rheumatic twinges. A broken limb was a lost limb. It was simpler to amputate, than to reduce a fracture. Hospitals, prisons, asylums, through the prevalent ignorance of the first principles of hygiene, were physical and moral pest-houses.

With this statement of the condition of the healing art a little more than a century ago, as a basis, let us take a glance at historic medicine, to ascertain, if possible, what merit, other than perhaps age, it possesses to entitle it to the respect and reverence apparently accorded it by a large class of medical practitioners of today.

Medicine shows, in its historical effects, how much the patient o today has to be thankful for that he was not born in the so-called "good old days."

Glance with me at the history of England :

Under modern conditions the last act of Shakespeare's "King John" could not have been written. Everything depended upon King John's life. His barons were in revolt, and, at the head of their people, were pushing their royal master hard. John, making what head he could, came to Newark, closely followed by his angry nobles, the Dauphin of France at their head. They loudly proclaimed the Dauphin, King of England, and prepared to do battle on the morrow, for the crown.

John, already suffering from an ague, filled himself, after the fashion of the day, to repletion, was unable to digest his meal, and, owing to the ignorance of his physicians, died ; and his son succeeded to his throne.

Had a modern practitioner been at John's bedside, he would have recovered, and Louis VIII. of France would have been Louis I. of England ; for at the date of John's death, but one hundred and fifty years after the Norman conquest, it would have been easier to make England French, as against John, than it had been to make it Norman, as against Harold. Medical incapacity made this impression on the map of Europe : that it lost for France the crown of England.

We have all laughed at the merry fat knight, good Sir John, and at his pranks with Bardolph, Pistol, and Prince Hal. The latter was the son of weak parents ; weak physically only, not mentally, for no historian has been found bold enough to speak disparagingly of the mental attainments of Henry IV., Harry of Bolingbroke. Henry IV. was distrustful and epileptic. Though kings touched "villeins" in those days for epilepsy as well as king's evil, their power was not retroactive, and it is possible that he, as a king, could not, "touch he never so wisely," touch himself successfully for this disease, and he died at the age of forty-six.

Henry V., his son, inherited the throne, the personal popu-

larity, and the weak physique of his father. His mother, Mary de Bohun, daughter of the Earl of Hereford, bore six children and died of consumption. From her, King Henry inherited a happy disposition, and a pair of weak lungs.

King Henry conquered France, became the foremost soldier of his time, and was killed by his doctors after a reign of only nine years. Doctors were licensed to kill in those days, and they improved their opportunities.

The King of England and Regent of France developed consumption. For his consumption he was bled; for the weakness following bleeding he was purged. King Henry, beside his consumption, had also a fistula. In the presence of this his physicians threw up their hands, and the king died. For the fistula he was purged; for the attendant fever he was bled; and being bled and purged, and purged and bled, until he could endure no longer, he passed to a land where, we trust, cathartics are unknown,—a royal martyr to medical ignorance, at the age of thirty-four.

Thus having lost England for France in the thirteenth century, the quack salvers of the fifteenth century made things even by losing France for England.

The house of Tudor suffered at the hands of the physicians. The Tudors were a family with an hereditary tendency to consumption.

Henry VII. died in the beginning of the sixteenth century, at the age of fifty-two. He was no believer in doctors, and his lack of confidence in medical skill is probably the reason that he attained that age. He took no medicine, and would not be bled.

His son, Henry VIII., followed in his steps, and by avoiding the doctors, and refusing to be bled, succeeded in defying the pope, inventing a new system of religious ethics, and exhibiting, in the robes of a king, the morals of a profligate. However, he fell sick, and following the traditions of the profession, his physicians bled and purged him, and he died at the age of fifty-six.

His infant son, but nine years of age, could not dodge the doctors. They killed him. Consumptive from his birth, he lived sixteen years, reigned seven, and died, having done little harm, killed by medical ignorance. The consumptive king was an incentive for the study of consumption. The doctors studied it, and when the moon was right they evolved a new treatment. They did not discard the lancet and cathartic; loyalty to time-honored traditions forbade, and they retained them. The newer treatment was just as instructive to the doctors, and no less destructive to the patient. Edward was bled, was purged, his weakened and exhausted frame was nourished on weak broth

and similar tisanes, and to draw the consumption from the interior of his system he was sweated — and he was gathered to his fathers.

A case, perhaps, of the punishment fitting the crime is seen in Queen Mary. She persecuted Protestants, married Philip of Spain, and beheaded Jane Grey. She died of the common disease of her age — ignorant physicians. She married, and, like all ladies who love their lords, was anxious to show a pledge of her love, and present to her people an heir to the throne. With the advice of her physicians, she announced that she was pregnant. A few months later she died; died of dropsy, and ignorant doctors, — doctors who knew of no method of distinguishing between ascites and pregnancy. Her hopes of posterity were as fallacious as the anatomical curiosity which she stated would be found at her demise; the inscription of the name of her lost city "Calais" upon her heart.

Her sister, Elizabeth, doubted doctors, and died of old age. Her reputation for wisdom, greater than that of her contemporaries, is enhanced by the chroniclers, one of whom says: "And her physicians could not persuade her to be put to bed, much less to make trial of any remedies which they prescribed for her." She was a great queen, a wise woman, and, by dodging the doctors, lived to be seventy.

Turn from England, which has been used as being the most familiar ground, to the rest of Europe.

By the aid of the toxicological discoveries of the fifteenth century, Cesaré and Lucrezia Borgia became famous. The physicians of the Italian schools bent their energies to the discovery of new and potent methods of destruction, rather than to seeking for new remedial agents. Life was held cheap. Methods by which it could be taken undetected were in demand, and the demand created the supply.

This perverted medical knowledge overspread all Europe, and it became dangerous to live, if one were prominent enough to have enemies. A whiff of a bouquet, the wearing of a pair of gloves, might cause death. The potency of Brucia was discovered; and from the bean named after a saint was made the famous water of succession, the Aqua Tofana; and the wealthy who had needy heirs, and the powerful who were dangerous to the state, sank into a common grave from a common cause, — a slow decline. Antidotes were not discovered as rapidly as poisons, and bad medical knowledge created a royal road to death.

Francis II., of France, died at the age of seventeen. Charles IX., his brother, died at twenty-four. The people said they were poisoned. They were impetuous princes, impatient of control, and they died. Their brother, Henry III., resigned the crown

only a few months before in the very society before which he read his paper, and its Board of Councillors had reported in favor of recognizing certain homœopathic colleges, as they were superior to many old-school institutions.

Such incidents as these certainly do not afford an encouraging outlook for a medical millennium ; but we indulge the hope that such attacks emanate largely, at present, either from fossilized practitioners, enmeshed in their stultifying arrogance, or from very young physicians, who have the mistaken idea of winning glory in modern times by following in the footsteps of their very distant predecessors.

Entirely different is the spirit exhibited by Dr. Henry I. Bowditch, in an essay read at the last meeting of the American Academy of Medicine, in which he freely expressed his disgust at the tyranny exhibited at the time of the expulsion of the homœopaths from the Massachusetts Medical Society, and advanced the opinion that the Academy will not recover its just position until it rescinds the vote of adopting the American code of ethics. He claimed that the only true code, viz., "that of the gentleman," is the golden rule of "doing unto others as you would have them do to you." He concluded with the following words : "Gentlemen of the Academy, — If all of us would make that divine rule the guide of our professional relations, tolerance and intolerance would join hands in peace, and this Academy, if it could induce all physicians to act upon it, would have accomplished one of its highest missions. God grant that this body may, with each year of its growth, by the work of its individual members, and by its own joint labors, tend to bring the whole profession of America up to higher grades of thought, of sentiment, and of action, so that we may at length really become what we have hitherto, but with unconscious falsehood, claimed to be, a truly liberal profession."

These are the sentiments which, if universal, would render the profession of medicine noble in something other than name.

There is, I believe, much insincerity in the pretended contempt of the old school for homœopathy. Their foremost leading men in actual practice today certainly utilize methods which formerly were identical only with what has been known as homœopathy. They repeatedly prescribe drugs in ways that are eloquent in testimony of their belief in the truth of our great principle, *similia similibus curantur*. Imitation is certainly the sincerest flattery. They are an organization which has outgrown its creed, yet fears to acknowledge it, because, having identified itself with the old ideas, it dreads lest in renouncing them it should in a way denounce itself. It has seen its castles resolve into air, and while it knows they are insecure and unin-

habitable, their stairways too rickety to be mounted, and their corridors too weak for the quick march of progress, it pretends still to live in them and call them home.

There are opinions in which the old school nominally believe, but there are contradictory ones in which they actually believe. There has been a doctrine to practice by, and a different one to argue by and uphold, by any means within reach. At first by neglect and contempt, later, as the new ideas refused to be scouted, by logic and controversy, until forced to abandon that method of attack, we have endured a guerrilla warfare of misrepresentation and ridicule.

But let us not be too busy criticising the faults of others to realize that we ourselves are not free from blame. The professional relations of educated men who should have sought in dignity, along the different roads they travelled, for scientific truth, have been disgraceful.

If there could be a great powwow of the medicine men, where the pipe of peace would be smoked by all, where prejudice, distrust, and insincerity would be buried with the hatchet, every man at that feast might well eat heartily of that bird symbolic of recantation and repentance — the crow.

What is needed, ladies and gentlemen, is first, more frankness, more honesty, and then more genuine good-will and courtesy.

Men's opinions do not differ so much, after all ; it is their prejudices that are at variance. And if one school misunderstands the other, is it not partly because each misrepresents itself to the other ? If belief, profession and practice were harmonious in each school, would not a mutual understanding be easier ?

Let the relations of physicians be frank and gentlemanly, honest and sincere. Envy, malice, backbiting, the mean lie, the equally mean silence, should be eradicated from the relations of gentlemen in any calling ; and how much greater the necessity for such reform in a profession upon which is dependent, in great measure, the welfare and prosperity of the world !

Let it be the effort of this society so to conduct its proceedings as to command the respect of the community at large, and the whole medical profession in particular.

Do not hesitate to bring up for consideration at your meetings, any and every subject of interest to the profession, or likely to prove beneficial to humanity. Let your discussions be characterized by that broad, liberal spirit which is indispensable to true scientific progress.

No sacrifice of your principles or dignity is required to comply with these admonitions. Cherish fondly your creed, but do not

consider it infallible, or slow decay and ultimate ruin are inevitable.

If it be man's destiny to be ever subject to disease, surely no nobler mission exists than that which renders him less subject to pain and freer from ills; and we cannot fulfil that mission if we neglect any known means to make life pleasanter, illness more bearable, and death less painful.

Let us, then, with Progress for our watch-word, ever strive to be worthy of our heaven-blessed mission — to ameliorate human suffering.

GLEANINGS AND TRANSLATIONS.

THE WESTBOROUGH INSANE HOSPITAL — A COMPARISON. — Among the annual reports of the establishments for the cure or confinement of the insane in New England, that of the Westborough homœopathic hospital is unique. This might be expected, from the fact that it is the youngest of them all, and the only one in which homœopathy is the basis and standard of medical treatment; but there are other circumstances which single it out for special remark. During the two years of its existence (it was opened Dec. 6, 1886,) it has reported a large and advancing rate of recovery from insanity among its patients, while other New England hospitals generally show a small and declining rate. What makes this the more noticeable at Westborough, is the fact that among the 800 persons, more or less, who were admitted in the first two years, not 400, or less than half, were for the first time admitted to a hospital; while nearly 300 were directly carried to Westborough from other asylums. It is a well-known fact that few recoveries occur among the chronic insane, — those who have been a long time in that state are much less likely to recover than those who are recently attacked. The chances were, therefore, that the new hospital would have fewer recoveries to report than several of the old ones, in proportion to the whole number under treatment. Yet, among less than 750 different persons under treatment up to Oct. 1, 1888, at Westborough, 133, or more than one-sixth, were put down as recovered; while at Danvers, among 1500, hardly more than 140 recovered; and at Taunton, out of 1150, only 109; and at Worcester, among 1400, only 155 recovered. A part of this difference, but not a large part, is explained by the fact that Dr. Paine, of the Westborough hospital, reports the restoration of an inebriate to sobriety as a recovery, which the other superintendents do not. Thus, among 628 different patients in the last year, Dr. Paine finds 78 recoveries, of whom 12 were inebriates restored, leaving 66 recoveries from insanity among about 600 patients, — or 11 per cent.

Now this would, formerly, have been reckoned a small percentage, and there are regions still where it is — for, at the North Texas hospital in the same year, Dr. Wallace reports 81 recoveries among 372 patients — more than 20 per cent. But in Massachusetts, and New England generally, for the past ten years, the rate of recovery has been much lower than formerly, — it being demonstrated by Dr. Earle that the old rate was kept up by reporting many recoveries of the same person, and by a low standard of mental soundness in the minds of hopeful or advertising superintendents. Nothing would be more acceptable than a return in good faith, and upon well-supported evidence, to the old ratio of recoveries, or to that which prevails in northern Texas ; but few among the experts in mental disease now expect this, and we imagine that Dr. Paine, after five years' experience, and the sight of some hundreds of relapses among his own patients, will be less willing to report as he is now doing. He will probably accumulate in his hospital a great stock of incurable cases, and will see that the majority, even of new cases, are incurable when admitted for the first time. To show the practical results of hospital treatment upon old cases in Massachusetts, we will cite a few figures taken from authentic records.

Nine years ago last October, there were 2598 patients in the state hospitals and asylums of Massachusetts. At the same date (Oct. 1) this year, 1091 of these same persons were living insane in the same establishments, or the new ones since opened at Bridgewater and Westborough ; 80 were living in city and town almshouses, and 870 had died insane ; making a total of 2041 whose insanity is thus known to have been permanent. Of the other 557, there is no reason to believe that more than 300 died sane, or are now living in that condition ; so that the utmost that can be claimed for 2600 patients is that 300 of them permanently recovered in nine years, — less than 12 per cent. At least 35 of these old cases were at the Westborough hospital last October, among the 406 patients then under treatment, or more than a twelfth part of the population. Of the whole 2598, 351 were living or had died at the Worcester hospital ; 404 at the Worcester asylum ; 338 at the Taunton hospital ; 296 at Northampton ; 240 at Danvers ; 233 at Tewksbury, 38 at Bridgewater, and 35 as above mentioned at Westborough. Now as the whole population of these state establishments for the insane, Oct. 1, 1888, was not far from 3900, of whom 50 were inebriates, it follows that the 1091 old cases (none less than nine years) were 28 per cent. of the whole insane population. These are very suggestive figures.

In another respect the Westborough report is peculiar, — the work in pathology which it details, and the operations, success-

ful or otherwise, performed there. This new state hospital seems to be the only one in which pathological work is now made public, and that in which it is pursued with the most zeal. It maintains a special pathologist, and in connection with the instruction there given to a class of medical students from Boston University, it utilizes this pathological work to good advantage. This class has averaged about thirty, and has made five visits to the Westborough hospital, beginning early in November and closing on the 21st of Dec. This fact does not appear in the annual report, which comes down only to October; but previous visits of a class from the same homœopathic medical school are mentioned; and it is intended to continue the practice. This is greatly to be desired; for, though there are objections to the clinical instruction of students at insane asylums, the advantages to the public far outweigh the evils; and the system pursued at Westborough seems to be a very careful and judicious one. It has the incidental effect of making the resident physicians more observant than they otherwise might be, of all the phases in which disease manifests itself in an insane person. This, indeed, is required by the homœopathic system of treatment, and to this, and the diminished use of drugs for sedatives and stimulants, must be ascribed any real increase in the number of recoveries under this system. Its friends claim such an increase; but only time can determine how justly.

The opening of a new hospital is always costly, and the average weekly cost of each patient is large, until the wards are full and the service well organized. In this respect Westborough compares favorably with the last new hospital, previously opened, at Danvers. The weekly cost at Danvers for the first broken year was more than \$9.00; for the first full year more than \$5.00, and for its third year more than \$4.00. At Westborough the cost of the first broken year was \$5.60 a week, and for the first full year \$4.79. The annual appropriations made by the state, beyond the price of board, were, at Danvers, for several years \$20,000 or more; at Westborough this year only \$16,000, and apparently \$15,000 will be enough for 1889. The Westborough buildings prove to be convenient and rather attractive to private patients; and the management, considering all its difficulties, has been good. Experience will correct what is still defective in the methods there pursued; and it is the most available place for building a new chronic asylum, when that is needed. — *Springfield Republican*.

DANGER IN THE POSTAGE STAMP.—The *Sanitary News* calls attention to the fact that a postage stamp may in various ways convey contagion. One of the simplest, and most plausible, is

that in which a postage stamp, partly attached to a letter to pay return postage, is sent by a person infected with some disease, to another person. The disease is transferred, in the first place, to the adhesive stamp through the saliva, and in being attached to the letter by the receiver the poison may be transmitted to him in turn through the saliva. Another cause may be the infection of the stamp with disease germs. That this is true can be proven very simply by a microscopical examination.

We often see persons holding change for a moment in the mouth, probably not knowing that investigation has shown that disease germs can be carried by money. If they could see through what hands the money has passed, they would hesitate before using such a third hand. Silver money is as bad as paper money; but while many would hesitate to hold a dirty bank-note in their mouth, they think that a silver piece, because bright, is apparently clean.— *Medical News*.

EFFEMINACY AND ANÆSTHETICS.—Miss Lynn Linton thinks that men are becoming effeminate, and lays the blame in part to anæsthetics. She is particularly severe upon the Italians, of whom she says: "Nothing differs so much in races as tenacity of life. A southern Italian dies of a shock to his nervous system which would not do more than give an Englishman a headache. He takes to his bed for a fit of passion, and is seriously ill when he 'makes bad blood.' He has become as brittle as a starfish, as invertebrate as a sea-cucumber; and what climate and careless ease of living, the want of hard work and the insufficient food resulting, the soft, self-indulgence of idleness, and the absence of that hardening process which is got by struggling with evil conditions — what all these have done for him our moral effeminacy is doing for us; and if we are not on the alert, and do not keep up our fighting blood, as men should, we shall become just as molluscous, as invertebrate, and as brittle as those degenerate descendants of warlike progenitors."— *Medical Record*.

CIRCUMSTANCES alter cases, but some doctors would like to get hold of a few cases that would alter their circumstances. — *Medical Era*.

If we were called to descant upon the therapeutic efficiency of drugs in the treatment of certain diseases, we should prefer to leave scarlet fever, typhoid, and phthisis off the list. — *American Press and News*.

A VERY curious and suggestive bill has been introduced into the legislature of Kentucky, which prohibits marriage with an idiot, lunatic, pauper, vagrant, tramp, drunkard, gambler, felon, or any person rendered physically helpless or unfit for the marriage relation, or any person with a violent temper, or who has, within one year, been a frequenter of any immoral house. — *St. Louis Medical Journal*. — *Medical Advance*.

SOCIETIES.**THE AMERICAN INSTITUTE SESSION OF 1889.****EDITOR NEW ENGLAND MEDICAL GAZETTE :**

As a further announcement respecting the Institute session of 1889, I have to report as follows : —

The Bureau of Surgery has received assurances of aid from a number of our distinguished surgeons, and will present a series of papers on "Surgery of the Brain," including Cerebral Localization ; Symptoms of Cerebral Tumor — its Diagnosis and Treatment ; Abscess ; Gunshot Wounds ; Tumors of Dura Mater ; Compound and Depressed Fractures ; Epilepsy from Fractures, and Indications for Trephining.

The Bureau of Pædology has promise of active aid from several co-workers in that department, and is encouraged with prospects of a good report on "Preventive Medicine in Pædology."

The Bureau of Obstetrics is engaged on a report which will embrace nine papers relating to "Puerperal Complications." All these papers are to be the work of well-known obstetricians.

Encouraging reports are being received from individual members of the Bureaus of Clinical Medicine, Sanitary Science, Ophthalmology and Gynecology.

The Committee on Medical Education will present a careful report, embodying the views and suggestions of its various members. There will be no separate papers.

Notice is also given that as the Chairman of the Committee on Pharmacy has resigned — involving also his withdrawal from the Committee on Organization of Provers' Clubs — the president has appointed, as chairmen of these committees, Drs. T. F. Allen of New York, on the former, and C. Wesselhoeft of Boston, on the latter. Those having business with these committees should note the change.

PEMBERTON DUDLEY, M.D., *General Secretary.*

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

THE annual meeting of the Society was held at the Tremont House, Boston, Thursday evening, Jan. 3, 1889, the president, F. C. Richardson, M.D., in the chair. The business records of the last meeting were read and approved. The censors having reported favorably, the following candidates were elected to membership : —

CHARLES HOLT THOMAS, M.D., Cambridge, Mass.

HENRY A. BROWN, M.D., Reading, Mass.

The following names were proposed for membership :—

MORTIMER H. CLARKE, M.D., Auburndale, Mass.
ANNA M. CHIPMAN, M.D., Boston, Mass.
ISABEL G. WESTON, M.D., Natick, Mass.

A letter of resignation from Prosper Bender, M.D., of Boston, was read and accepted.

The following officers were elected for the ensuing year :—

President, JAMES HEDENBERG, M.D.
Vice-President, ADALINE B. CHURCH, M.D.
Secretary, SARAH S. WINDSOR, M.D.
Treasurer, A. L. KENNEDY, M.D.
Censors { CONRAD WESSELHOEFT, M.D.
 C. H. FARNSWORTH, M.D.
 MARTHA E. MANN, M.D.

Informal reports, showing the society to be in a prosperous condition, were made by the secretary and treasurer, and were accepted.

After listening to the very interesting annual address from the president, adjournment was made to the banquet hall. Following the repast, Dr. E. P. Colby acted as toast-master. The toasts and responses were as follows :—

"Watchman tell us of the night!" Responded to by Dr. I. T. Talbot, for the "veterans" of Boston homœopathy.

"The state society : our middle-aged parent with the wisdom of years and the vigor of youth." Responded to by Dr. A. J. French.

"Only through diligent *labor* can success be attained." Responded to by Dr. Walter Wesselhoeft.

"Integrity and conscientiousness : the vitals of our profession." Responded to by Dr. Herbert C. Clapp.

"Each breeze that sweeps the ocean,
Brings tidings from afar."

Responded to by Dr. F. C. Richardson.

"Beauty is but skin deep." Responded to by Dr. John L. Coffin.

"The ladies : '*she* who must be obeyed.'" Responded to by Dr. Horace Packard.

Music was furnished during the evening by a male quartette. The evening proved a very enjoyable one, and it is to be regretted that the attendance was not larger.

W. J. WINN, M.D., *Secretary*.

THE visit of Sir Morell Mackenzie to Edinburgh stirred up a considerable amount of ill-feeling among the medical element in the University. The professors of the University did not—cordially, at all events—give their countenance to Sir Morell's two meetings. The students did; and they resented the coolness of their teachers. — *Medical Record*.

REVIEWS AND NOTICES OF BOOKS.

TREATISE ON THE DISEASES OF WOMEN. By Alex. J. C. Skene, M.D. New York: D. Appleton & Co., 1888. 966 pp.

Dr. Skene handles this now so familiar subject with such enthusiasm, and in many instances with such originality, that no gynecologist can exclude it from his library shelves on the plea that it is already practically duplicated there. Medical treatment is not exhaustively dealt with; but the author goes patiently into the minutæ of all operations alluded to, and elucidates them so thoroughly that his book will be a most welcome counsellor to the inexperienced practitioner. All the most novel instruments which have lately found favor are fully noticed; among them the cystoscope, which, the author claims, is not mentioned in any other work on gynecology. The illustrations, which are very numerous, and include nine chromo-lithographs, are of a very unusual degree of excellence and accuracy, the great majority of them having been made especially for this work, from drawings from nature, or clay and wax models from nature. Dr. Skene's long professional experience makes it possible for him to emphasize his theoretical statements with interesting reports of clinical cases at various times under his care. The volume is gotten up with every regard for durability and beauty.

A TREATISE ON HEADACHE AND NEURALGIA. By J. Leonard Corning, M.A., M.D. New York: E. B. Treat, 1888. 231 pp.

Dr. Corning has given much study to the treatment of headaches, and his conclusions as to the possibilities of treating most varieties of them successfully, are in the main hopeful ones. He divides his subject, at the start, into the broad classification of "Headaches: Pains which owe their origin to intracranial causes;" and "Neuralgias: Pains which owe their origin to extra-cranial causes;" and these again are minutely subdivided, in such wise that the practitioner with a working knowledge of pathology, can be greatly helped to exact diagnosis of any case under his care. As to treatment, Dr. Corning deals, of course, with allopathic methods, and frequently, as in the recommendation of one drachm of hyoscyamus, with doses approaching the heroic. His use of adjuvants, of great number and variety, is very interesting; certain pieces of apparatus suggested and illustrated, *e. g.*, the "electro-compressor" and the apparatus for producing artificial epistaxis, being of the author's

own invention. Certain recommendations, as that of the free use of alcohol in anæmic headache, should be received, it seems to us, with extreme caution ; and when discoursing on the invaluable efficacy of morphia, Dr. Corning comes dangerously near,—in the phrase of the unregenerate,—“giving away” one weighty professional reason for its use, when he says (page 42), that as far as prompt relief of the immediate suffering is concerned, “want of success brings mortification, *if not permanent loss of professional prestige ;*” while the induction of sleep “will often procure the physician lasting gratitude, *with the advantages which naturally follow.*” The italics are, of course, our own.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF
THE STATE OF NEW YORK, FOR THE YEAR 1888. 370 pp.

This volume is chiefly noteworthy for the ringing and most courageous address of its retiring president, Dr. J. M. Paine, in which he characterizes uncompromisingly, as “false homœopathy” the “dynamization vagaries,” which he shows to be homœopathy’s deadliest foes. Among other valuable papers are those on “Belladonna,” presented by the materia medica committee: and that on “Individual Prophylaxis of Diphtheria,” by Dr. Palmer.

THE PROCEEDINGS OF THE TWENTY-FOURTH ANNUAL SESSION
OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF
OHIO. 1888. 203 pp.

These proceedings offer uncommonly interesting record of the work of a wide-awake and enthusiastic society, whose members have unbounded scientific enthusiasm and a command of terse and nervous English. It is an absolute refreshment to find medical men and women with the good sense to talk in scientific session assembled, not only about the newest and most impossible operation of the most polysyllabic German operator, but about why babies cry, and whether the corset is really as injurious as it is conventionally supposed to be, and how the invalid’s bed can be made most comfortable and hygienic, and why homœopathic remedies, apparently well indicated, proved useless in four honestly-reported fatal cases of diphtheria. Refreshing, also, to a quite unspeakable degree, is the discussion following the report of the committee on materia medica, which report embodied “provings” made with *Cactus* two hundredth. To find that the “society were disinclined to receive this paper for publication,” and to find the reason for such disinclination thus phrased by Dr. White : “I recollect very well a lot of provings

of alcohol some twenty or twenty-five years ago, and the symptoms that are now given here today are exactly as those I reported at that time. I don't believe a word in a two hundredth potency producing any such symptoms at all ;" and thus by Dr. Clemmer : " I am opposed to allowing any more of this kind of trash to go into our *materia medica*, over which we may bewilder our brains when we come to important cases that require genuine medicine," — these things bring one good courage, and a founded hope that homœopathy may yet call itself a science.

FAVORITE PRESCRIPTIONS OF DISTINGUISHED PRACTITIONERS.

By B. W. PALMER, A.M., M.D. New York: E. B. Treat, 1888. 256 pp.

This volume, as its title suggests, belongs to the realm of empiricism, pure and simple. It gives a large, and from the allopathic standpoint, doubtless valuable selection of prescriptions for all imaginable bodily ills, together with very brief chapters on treatment in general, and many blank formulæ in which the physician may find safe harbor for " favorite prescriptions " of his own. Here and there, among local applications, the homœopathist may find something of practical suggestiveness, but in general the volume can have for him only the attraction of curiosity.

THE CASE OF THE EMPEROR FREDERICK III. New York: Edgar S. Werner. 1888. 276 pp.

This very bulky brochure gives, in fullest detail, the reports on the *cause célèbre* of the Emperor Frederick III., as made by the coterie of German physicians who were in attendance, and as made by Sir Morell Mackenzie. It is valuable as a chronicle of a case which has received more discussion, it is safe to say, than has ever been accorded a clinical case since time began ; which roused to unprecedented bitterness not only the medical but the lay press of two mighty nations, and whose echoes will linger in the scientific world for many a year. The degree of unity and fraternity existing in the " regular " profession is well illustrated in the study of Dr. Bergmann's remarks on Dr. Mackenzie, and Dr. Mackenzie's remarks on Dr. Bergmann. The facts of the case, from a scientific standpoint, can be here attained by any professional reader willing to sift the great mass of somewhat diffuse evidence, and study the illustrative diagrams. The brochure itself is well worthy of possession and preservation, since the events it chronicles have not only passed into, but have helped to make, history.

ALPINE WINTER IN ITS MEDICAL ASPECTS. By A. Tucker Wise, M.D., L.R.C.P., M.R.C.S. London: J. & A. Churchill, 1888. 160 pp.

A very admirable little book is this, in which Dr. Wise condenses and tabulates the facts more and more appreciated, of late, by European physicians and invalids, that for certain cases of pulmonary disease wintering in a cold climate may be more beneficial than wintering in a warm one. Information of this sort is of use, also, to American physicians, to some of whose patients Davos Platz, authoritatively recommended, would be a by no means inaccessible winter home; and who, by comparison of barometric and thermometric conditions, might discover in Vermont and Canada winter resorts which could rival Davos Platz in excellent possibilities.

LOCHMAN'S DOSE AND PRICE LABELS appears in a third edition, revised, and with considerable additions to its list of "new remedies." To druggists the work is of very great value, as keeping constantly before the eye the doses in which any given drug can be safely employed; and in fact, it is by no means exclusively the druggist to whom such a reminder is of frequent usefulness.

The January CENTURY offers to its readers a store of good things by way of New Year's gift. "The Story of Dollard" is continued with great dramatic force. A. C. Gordon has a touching little southern sketch, which he calls "A Perverted Franchise." The Life of Abraham Lincoln deals with that magnificent epoch, "the announcement of emancipation." Jessop has another, one can but think somewhat idealized Irish-American study. There are no poems of especial merit. New York: The Century Company.

THE POPULAR SCIENCE MONTHLY for January shows, in a paper by Dr. G. B. Barron, "Town-Life as a Cause of Degeneracy;" Dr. Billings, of the United States Army, treats of "House Drainage from Several Points of View," and scientists in other fields than that of medicine will find contributions equally to their minds. New York: D. Appleton & Co.

You can make some people keep a secret, if you give them chloroform enough. — *Medical Era*.

THE patient is seldom right; in imaginary diseases he believes too much; in real diseases he does not believe enough. — *Medical Era*.

PERSONAL AND NEWS ITEMS.

HARRIET A. LORING, M.D., has removed her office and residence to No. 52 Falmouth Street, Boston. Office hours, mornings until 1 P.M.

ADELIN W. WILDES, M.D., has removed to Hotel Gladstone, corner Dudley Street and Alexander Avenue, Dorchester. Office hours, 8 to 9 and 2 to 4, Fridays excepted.

ELIZA LANG MCCLURE, M.D., class of '77, B. U. S. of M., has removed to No. 1919 Wallace Street, Philadelphia.

DR. N. W. EMERSON may be found at "The Cluny," Copley Square, every day (except Sunday), from 3 to 4.30 P.M., for the consideration of surgical cases. Special attention given to general and gynecological surgery. Office hours in Dorchester until 9 A.M., and from 1 to 2.30 P.M. Telephone Tremont 240, or Dorchester 52-3.

EMMA C. GEISSE, M.D., has removed from Boston to No. 33 East Adams Avenue, Detroit, Mich.

THOMAS M. DILLINGHAM, M.D., has removed from Boston to No. 46 West Thirty-sixth Street, New York. Office hours, 10 A.M. to 1 P.M., 5 to 6 P.M.

DR. W. L. GALLOWAY, class of '88, B. U. S. of M., has settled at 2944 Easton Avenue, St. Louis, Mo.

DR. GUERIN MENEVILLE, general secretary of the *Société Médicale Homœopathique de France*, has lately changed his residence to 44 Rue Cambou, Paris. His present home is in the near neighborhood of many of the principal hotels frequented by English and American tourists; and to any such who may require the service of a homœopathic physician, Dr. Meneville may be cordially commended.

J. B. TILLINGHAST, M.D., has removed from Phenix, R.I., to 129 Oxford Street, Providence.

MURDOCK HOSPITAL POST-GRADUATE COURSE. — *Diagnostic and Operative Gynecology*. — The next course will begin Friday, Jan. 4, and continue twelve weeks. There will be three clinics each week, Monday, Wednesday and Friday, beginning at 10 A.M.

SCOPE OF COURSE. — Examination of patients by each member of class, diagnosis, clinical lectures on cases presented, the technique of minor and capital operations, care and feeding of patients after operations, etc. Classes limited to ten each. Terms, twenty-five dollars per course, in advance. Free hospital accommodations for deserving cases. For further particulars, address, Horace Packard, M.D., 295 West Chester Park, Boston.

DR. WILLIAM A. HAMMOND, the world-famed specialist in mind diseases says: "I am familiar with various systems for improving the memory, including, among others, those of Feinaigle, Gouraud and Dr. Pick, and I have recently become acquainted with the system in all its details and applications taught by Prof. Loissette. I am therefore enabled to state that his is, in all its essential features, entirely original; that its principles and methods are different from all others, and that it presents no material analogies to that of any other system. I consider Prof. Loissette's system to be a new departure in the education of the memory and attention, and of very great value; that it being a systematic body of principles and methods, it should be studied as an entirety to be understood and appreciated; that a correct view of it cannot be obtained by examining isolated passages of it."

THE Bernd's Office and Pocket Registers are among the best for physician's use. See advertisement elsewhere.

THE SOUTHERN JOURNAL OF HOMŒOPATHY is to become the "California Journal of Homœopathy," a change rendered necessary by the permanent change of residence of its able editor, Dr. Fisher, from Texas, to the Pacific coast. The best wishes of its contemporaries will cordially follow the "Journal" in its change of home and name.

SEVERAL editorial changes on the staff of the NORTH AMERICAN JOURNAL OF HOMŒOPATHY, for the ensuing year are to be noted. We see, with hearty pleasure, however, that Dr. Dillow still remains at the helm.

THE
NEW-ENGLAND MEDICAL GAZETTE.

No. 3.

MARCH, 1889.

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EDITORIAL.

There is now before the Boston public the thirty-third annual report of the Boston Homœopathic Medical Dispensary, and embodied in the report is a plea for aid to carry on the work (on a more liberal scale and with largely increased possibilities) of this most useful charity, than which Boston can boast no worthier one. From its small beginnings of nearly a third of a century ago, it has steadily grown in the confidence of the suffering poor, to whom it offered its gentle and efficient service, until, in the year just ended, it records the treatment of the great number of 14,443 sick and poor persons. Its present accommodations, in the college building of the Boston University School of Medicine, are altogether inadequate to its needs and cramp its endeavors at every turn. The low-ceiled, semi-underground rooms, where three patients sit crowded into the space intended for but one, are necessarily ill-ventilated, and both damp and gloomy for lack of proper light and air; thus only supplementing, instead of temporarily correcting, the unwholesome surroundings from which come the applicants for medical service, as well as imperiling the health of the physicians whose generosity furnishes this gratuitous service. The time has unquestionably come when a just demand can be made of the friends of homœopathy for a suitable housing for this charity, which so beneficently demonstrates the usefulness of homœopathy and its popularity among the people, as well as among the cultivated minority. Such a demand is already before the public, and it is to be hoped that every homœopathic physician, not only of Boston but of New England, will do his utmost endeavor to secure

for it a favorable and generous response. First and foremost, because there is something weak and lukewarm in our love for our art, while one poor sufferer, who would test its healing power, is cut off from doing so for lack of adequate media of communication between homœopathic physicians and himself. So long as we are physicians and not tradesmen, so long as our first aim is not to fill our pockets but to heal the sick, so long must the most efficient means of reaching the sick be a study near our hearts. And secondly and more selfishly, because everything that redounds to the good of homœopathy redounds also to the good of every homœopathic physician; and every evidence of prestige and success, writ as it were in the capital letters of handsome and fitting homœopathic institutions, is an argument that homœopathy deserves further prestige and success. The time is drawing nearer every day when, before these and a hundred other arguments, the monstrous injustice that keeps us from our right of representation in every medical institution—city, state or national, supported by the public money—shall fall like the walls of Jericho before the blast of the trumpet. Meanwhile, it is ours to “agitate, and agitate, and agitate,” and, especially at this moment, to use every legitimate means to secure public as well as private aid for putting our Boston Dispensary on a broad and solid basis, and, in so doing, to do a worthy service to charity and homœopathy.

EDITORIAL NOTES AND COMMENTS.

THE DANGER OF THE ALTERNATING ELECTRICAL CURRENT has lately been made the subject of very sharp discussion in the New York press, scientific and lay; the contestants being Mr. Harold Brown, an expert electrical engineer, and representatives of the Westinghouse Electric Company. Mr. Brown's contention begun in a terse, spirited and convincing letter to the *New York Evening Post*, is that the use of the alternating electric current for street lighting, or other public purposes, is fraught with the extremest danger to the public health, and should be prohibited by legislation. His conclusions rest, in part, on the following premises:—

"The special danger in the use of the high-tension alternating current lies in the fact that its physical effect on the nerves is many times greater than the continuous current with the same pressure, and the rapid alternations place the insulation of its conductors under a tremendous strain, similar in effect to that produced by what is known as "water hammer" in pipes. This strain causes *leakage to the ground* from the wires, which I find upon careful measurement is sufficient to kill or cripple any person standing on a damp place and touching either wire, and the danger increases in direct proportion to the length of the wire and the dampness of the day. That this danger is not imaginary is shown by over fifteen deaths and a large number of serious injuries within the past year from this very cause, and many of these cases were *not* electric light employees. In every city having a large alternating current station many crippled pensioners can be found. The most serious cases of injury are those of a son of Prof. Young of Princeton College, who was paralyzed by stepping on a ground connection while touching an alternating current wire; and W. J. Bell, of St. Paul, whose nervous system was completely shattered by touching a guy wire on a district telegraph pole which happened to be in contact with a Westinghouse alternating current wire some distance away. In this case the "insulation" of the alternating current wire was *apparently perfect*. It is not an uncommon thing for telephone and district telegraph apparatus to be burned by their wires coming in contact with the alternating current conductors; any person who then touches the telephone or call box runs a terrible risk. This *brings the danger home to all of us*.

What is the remedy? Simply a limitation of the pressure to 300 volts or less, which will then make the alternating current no more dangerous to the general public than the arc light wires, since, in order to kill, it would be necessary to grasp both wires. The leakage to ground would then be less than the pressure required to kill. The expense occasioned to the electric lighting companies by this reduction of pressure to safe limits would be simply the cost of about *twice as much additional wire* as they now have in use, which would be insignificant in comparison with the good result thus obtained."

The whole matter, as Mr. Brown graphically points out, is of the greatest interest to every citizen of a city in whose affairs electricity is allowed to play an every-day part. It is a matter on which physicians whose opinions on semi-professional subjects are so constantly sought in every-day conversation, cannot afford to be uninformed or misinformed. Their emphatic warning to their fellow citizens against the dangers of what Mr. Brown, with dark picturesqueness, calls the "executioner's current" will be of much weight in creating that public opinion which in turn creates legislation. One humane suggestion is forcibly brought to mind by Mr. Brown's repeated experiments on animals: and that is, that electricity might mercifully and well be brought into use for the dispatching of the homeless canine outcasts, whose harder death blots, for many a lover of these

"souls wrapped round with a dog," the summer days which give them over to the lasso and the death-cage.

THE SUBJECT OF MEDICAL LEGISLATION is just now enjoying that brief annual resurrection which it shares in common with the Deceased Wife's Sister bill of English Parliament fame. The movement, from year to year, defines itself more clearly, even through the mists of defeat; and if there be any homœopathist who has not made up his mind by this time with tolerable clearness as to what legislation on the subject is desirable, and what undesirable, the fact is no credit to his powers either of thought or of observation. That some legislation is desirable, the very stones of the streets should cry out. Massachusetts, for instance has for so long been the dumping ground for the medical garbage shovelled out of other States, that the result is an atmosphere growing fouler every year. We want restrictions that will shut out quacks and ignoramuses and fanatics, while leaving educated and honest practitioners all possible liberty of medical opinion. The bill this year presented more nearly approaches this ideal than any of its predecessors in our Legislature. It gives the candidate for a license his choice of the examining boards of the Massachusetts Medical, the Massachusetts Homœopathic Medical and the Massachusetts Eclectic Medical societies, and thus makes a step toward the "separate board" system, which Dr. H. M. Paine, in a late speech before the Albany County Homœopathic Society, advocated with such zeal. And, indeed, we are quite in accord with Dr. Paine on the matter, and think the separate examining board will alone be found to solve the problem of strict medical impartiality. It is a commendable bit of foresight which, in Dr. Paine's argument, points out that, whereas in large States, where homœopathy is influential, the single board system could work no such mighty mischief, the precedent thus established would be fatal to the other states where homœopathy is as yet engaged in the struggle for existence, and could claim, by numbers, only such infinitesimal representation as would be practically worthless. By all means, then, separate boards; and the sooner the better.

EXTREMES MEET in a very funny way occasionally; and, because anything funny is such a very welcome change to the members of a somewhat sad profession, and because a joke, if it be a professional joke, is not necessarily misplaced in a medical journal, we yield to the temptation of giving to our readers in its entirety, the following circular, which lately found its way to our table:—

“DR. SAMUEL SWAN’S HIGH POTENCY HOMŒOPATHIC SPECIFIC REMEDIES
for the Cure of Zymotic Diseases, such as Measles, Scarlet Fever,
Diphtheria, Small-pox, Hydrophobia, Typhus Fever, Yellow
Fever, Malarial Fevers caused by Sewer
Gas, Blood Poisoning, Etc.”

“ Having discovered that the various poisons which cause the above diseases remain in the morbid product of the disease, and having discovered the process by which said poisons can be collected and potentized, and having myself and others ascertained by repeated experiments that they are most sure and reliable if used in the very high potencies, I now offer them to the public, with the assurance that they are the most curative, because the most homœopathic to the various diseases.

As these remedies are *most* curative, and *only* to be *relied* upon in the high potencies, should any fail it will be because the potency was not high enough, and on application, accompanied with a description of the case, a higher potency will be sent without extra charge.

DOSE.—In all cases give one tablet dry on the tongue, and allow it to be gradually dissolved. Wait 24 hours; if the patient is better, give no *more* as long as the improvement continues. If no better or worse give a second tablet. These will eradicate the poison, but the patient will need strengthening after such a debilitating disease.

| PRICE. | | | | | |
|---------------|-------------------------|-----|-----------|---|--------|
| 1 | drachm vial, containing | 20 | tablets. | . | \$1 00 |
| $\frac{1}{2}$ | ounce “ “ | 60 | “ | . | 1 50 |
| 1 | “ “ “ | 140 | “ | . | 2 00 |
| 2 | “ “ “ | 300 | “ | . | 4 00 |

Sent, postage and expressage prepaid.

These remedies being all prepared and put up by myself personally, I guarantee their purity. Address

SAMUEL SWAN, M. D.,
13 West 38th street, New York.”

If the lion of empiricism ever lay down more peacefully with the lamb of Hahnemannia than in this delicious announcement, it is in some spot beyond our imagining. The delicate care with which every tenet of the “purest” homœopathy is here scrupulously observed,—the single dose, the “24 hours’ waiting” to see whether the patient be “no better or worse” (in

cases of "yellow fever, diphtheria and hydrophobia," it would take a stoical healer, indeed, to live up to this tenet of Hahnemannia!); the felicitously naïf remark that, "should any fail, it will be because the potency was not high enough (an explanation that will doubtless be quite satisfactory to the friends of the deceased!) — all these side by side with the fact of offering, by the drachm, a "sure cure," protected by a "trade mark," for the most terrible diseases with which the physician can be called upon to cope, constitute a very funny joke, if a slightly grim one. And they constitute something beside a joke, namely, a sign-board, which encouragingly points out the *descensus averni* toward which tend all those flowery paths called "nosodes," and "isopathy," and "dematerialization."

ONE WORD MORE — or rather, four words more, put partly in interrogative form — may be fairly said on the "Two Blunders" question, concerning which our always honored confrère, Dr. J. P. Dake, takes us somewhat to task in a communication, to which we take great pleasure in giving prominent space in our present issue. Our four words more, then, are: —

First—Dr. Dake will bear in mind that, so far from its being done (the dropping of the journal in dispute) without discussion and without objection, there was discussion at Saratoga in 1886 with the committee outside the meeting, and in 1887 a full statement of the course pursued by the journal was made in open meeting, with a full attendance, and, we believe, passed unanimously.

Second—Does Dr. Dake wish us to understand that the "Senate of Seniors" undertakes to right all real or imaginary wrongs in the Institute, or only adjudicates on those definitely referred to that body by the Institute?

Third—Is there any reason why a journal that has persistently refused for four years to report to the Institute, and has constantly opposed all strictly homœopathic institutions and associations, should be allowed three years more time to pursue the same course before it can be dropped from the published list of the Institute?

Fourth—No one, we are well assured, more than Dr. Dake

seeks for peace, good-will and harmony in the Institute, and it was, we beg earnestly to state, not Dr. Dake, but others less discreet, whom we alluded to as uttering the "bloody" sentiments referred to in our former editorial, for which, by the way, the GAZETTE, and not a correspondent, is responsible. We think that Dr. Dake must agree with us that on Thursday morning, the fourth day of the session, at the unusually early hour of nine o'clock, when scarcely a dozen members had entered the hall and both secretaries were absent, the action taken without previous formal notice, by which the deliberate action of the Institute of the previous year was reversed, was not wisely taken; and the time, at least, of its taking, may justly be called a "blunder."

*

AN ERROR, for which the GAZETTE'S sincerest apologies are due, is pointed out in a recent communication from our esteemed correspondent, Dr. W. H. Stone, of Providence, R. I., to whose note we gladly give editorial space:—

"*Editor New England Medical Gazette:*

"DEAR DOCTOR, — In a recent letter from Dr. W. K. Bouton, of the Homœopathic Hospital in Melbourne, he says: "In the November GAZETTE, in an editorial, page 482 (speaking of the report which I sent the GAZETTE), I read, 'Total number of cases treated in hospital, 173; death rate, 9.82.' Now, the fact is that is the typhoid rate alone, the total, as you can see by the report, being 567."

COMMUNICATIONS.

"TWO BLUNDERS" REVIEWED.

BY J. P. DALE, M.D., NASHVILLE, TENN.

The Star correspondent of the GAZETTE, as well as the editor of the *North American*, in commenting upon the action of the American Institute in reference to the *New York Medical Times*, seems not to have read the explanation given by me in the *Medical Counselor*, and, presuming that many other readers of the GAZETTE are in the same condition, I venture to call attention very briefly to the points discussed by me in that journal last October.

1. The listing of journals for the volume of Transactions of the Institute is of modern date and always performed at the discretion of the committee on Medical Literature and the bureau of Organization, Registration and Statistics.

There was no by-law or standing resolution determining just what journals or institutions should be listed, but it was understood that only such should be embraced as taught or exemplified the homœopathic principle. How exclusive or able that teaching or exemplification should be was not defined. No fault, however, was found, so far as I have ever known, with work done by the committee and the bureau referred to, till in the meeting at Saratoga, when a motion was made requiring them to strike off the *Medical Times*, which they had put on the list from year to year. The motion thus to interfere with the work of the committee and the bureau, always ably and impartially performed, without a statement of cause and without previous notice, either to them or to the editors of the *Medical Times*, was, to say the least of it, an unfortunate blunder. And that the Institute should proceed to vote upon the motion, without discussion and without objection, was also a great blunder.

I fully agree with the Star correspondent that, if there was sufficient cause for the dropping of a journal from the list, it should have been done by the committee and the bureau, which were alone responsible for its being there.

It surely did not comport with the dignity, fraternal relations and harmony essential to social work to have it done in open session. Any journal or institution, making no report to the Bureau of Registration, and showing no desire to remain on its list, could not complain at the dropping of its name.

2. The Senate of Seniors in the Institute is the court to hear and determine all questions of ethics, all complaints of unfairness and disorder threatening the harmony and integrity of the Institute. Seeing the danger likely to come from the motion, and the manner of the vote excluding the *Times*, I brought the matter before the Senate, hoping, by some recommendations it could make, to avert it. I had drawn up two standing resolutions for the future guidance of the committee on Medical Literature and the bureau of Registration, and the Senate after due consideration requested me to submit them to the Institute.

The following day, Thursday (not the last day of the session), I presented the two standing resolutions and they were adopted without a dissenting vote or word.

The need of something authoritative to determine what kind of journals and institutions should be listed, and upon what complaint and in what manner any one on the list might be removed, was felt by every member. Considering the character and long experience of the Seniors, and their desire as well as duty to protect the Institute against harm, their action in this case must be regarded as above all cavil and criticism.

In the absence of any provisions, such as made in my standing resolutions, the sudden action striking off the *Times* might, at any time, be taken against any other journal, college or hospital, and so, an end be put to all harmony and associated effort among our physicians, journals and institutions.

3. After the adoption of the rules to govern the work of listing journals, and for their removal when occasion should require, Dr. Runnels moved that the name of the *New York Medical Times* be restored to the list, that it might be made subject to them.

The Senate of Seniors had made no recommendation as to the restoration of the *Times*, but it was an opinion concurred in by all present, when Dr. Runnels' motion was made, that it was the only fair course to be pursued. If that journal should not wish to be on our list, or should decline to make report for the term mentioned, or should prove that it does not recognize the homœopathic principle, the way for its safe removal would be open and plainly marked.

I have now stated the facts of the *Times* case as briefly as possible.

In conclusion I would say to my good friends, the Star correspondent and the editor of the *North American* that, in trying to keep peace and good order in the family of doctors and journals and colleges, I have not "buckled on armor and muttered of blood," nor have I lost esteem for those who have, in one case, made a mistake that might have proved serious.

I have not been concerned about individual interests so much as the welfare of the Institute. The question with me has not been as to the merits or demerits of the *Times* or any other journal, but as to the dignity and fairness of our great society, which cannot afford to take a wrong position. Without a spirit of toleration and impartiality, the growth and very existence of the American Institute must soon come to an end.

A COMMENT ON "THE TEST FOR MEMBERSHIP."

BY C. WESSELHOEFT, M.D., BOSTON.

The *American Homœopathist* lately expressed the hope that the American Institute will "enforce a belief in homœopathy" so that the younger body, familiarly known as the I. H. A., may be induced to rejoin the parent body. If this cannot be done without demanding a general and enforced belief, we hope that it will not come about at all. The *American Homœopathist's* comparison of the present relations of homœopathic factions to the historical era of two antagonistic popes, is ill chosen. There are not two antagonistic leaders of factions, but there exists

one division pledged to a creed, which like an aggressive ecclesiastical faction, is led by a hierarchy who inveigh against accurate knowledge and critical scrutiny of facts and theories; who declare that they are the only true homœopathic physicians, and proclaim to the public that they are more successful in practice than other members of the Institute. Upon this *creed* they have organized a new society; not because there is not enough homœopathy in the Institute, but because the majority of its members manifested unmistakable distaste for these boastful assertions of superiority in practice, and the denunciation of others who chose a less ostentatious course. Hence a certain number seemingly finding they lacked an appreciative audience, left to form a new society, in whose seclusion they feel free to indulge their *penchant* for dogmatic assertion and unprovable statement. This departure has no historical connection with the change in the Constitution and By-Laws in 1874, when, during the meeting of the Institute at Niagara Falls, it became obvious to the Institute that belief expressed in a *credo* meant the annihilation of homœopathy as a science, and hence it replaced the *credo* by adopting a methodical plan of work — *the improvement of homœopathic therapeutics*. The carrying through of this motion was due to the untiring assistance of Dr. Carroll Dunham. Creeds belong to religion; homœopathy, as a part of the science of medicine, is not a religion nor made to be dominated over by an arrogant priesthood. Freedom is the condition of its growth.

ANHALONIUM: A UNIQUE HEART REMEDY.

BY E. M. HALE, M.D., CHICAGO, ILL.

This medicine belongs to the numerous family, Cactææ. It belongs therefore to the same family as the *Cactus grandifloris*. *C. Bonplanti* and others which we value so highly as cardiac medicaments. The *Cacti* are subdivided into several sub-families, namely: The *Cereus*, *Melocactææ*, *Opuntia* and others. The *Anhalonia* is one of these, and there are now known to be seven species, of which the *A. Lewini* is the one which is the subject of this paper, named after Dr. Lewin, Docent in the University of Berlin.

I have before me a monograph* by this physician, having for its subject the drug above mentioned. While it is incomplete and inaccurate in some points, it is valuable as a beginning of the researches which will follow.

He relates that while on a visit to America he was presented

*Published by Parke, Davis & Co., Detroit.

by Parke, Davis & Co., of Detroit, with a quantity of a drug procured in Mexico, and known there as "Mescale Buttons," and used by the natives "as a narcotic, food or relish."

On returning to Germany, he consulted the Botanist of the Botanical Museum of Berlin, who identified it as a species of *Anhalonium*, heretofore undescribed. I will not give the botanical description, but merely say that the "buttons" are certain hairy protuberances, which he describes as "knotty and placed spirally, each of which is covered with a felt-like cap of a yellowish color, and without thorns. The top of these protuberances is covered with a hairy cushion of a dirty white color, and about one and a half or two centimetres wide." The juice of these buttons contains the poison. The blossom is widely bell shaped, the eight outer leaves dark green on the back, and have a long, triangular and transparent point. The inner leaves, 12, and of a pale pink color. They are spatulate, blunt, smooth edged, and about five millimetres long. The fruit is an oblong berry, six millimetres long, and contains about fourteen seeds about the size of a mustard seed. It grows on high and rocky peaks, and in most inaccessible places. I saw it growing in the mountains on the railroad between the City of Mexico and Vera Cruz. Little is known concerning the use of this drug by the Mexicans, except that they use it as a stimulant or condiment, and sometimes as a narcotic.

Dr. Lewin, in this monograph, gives "A general history of the Cactææ," which shows much research and a good deal of ignorance. After mentioning that the fruit of many of the species is used as food, the juices of the leaves as a beverage, and the seeds of some are ground and made into bread, he goes on to say that the principal medicinal use that is made of them is to make poultices. Some are used as "anthelmintics." The sap of some is as irritating as that of the *Euphorbiacææ*.

Of the *Cactus (Cercus) Grandiflora*, he says "The sap, when applied to the skin for any length of time, causes an almost unbearable itching, erosion, and finally pustules. If it is burned in a room, the inmates will be attacked with sneezing, coryza, angina, and even hæmoptysis. If chewed, it causes a sensation of burning and nausea. If introduced into the stomach in larger doses, it gives rise to violent vomiting, painful dysentery and other symptoms, which are caused by the great irritation of the intestinal canal. In spite of this, the juice is looked upon as a valuable vermifuge, mixed with an equal quantity of syrup or mucilage." [This verifies in part Rubini's provings, and the gastro-intestinal symptoms which some have doubted.]

Dr. Lewin sums up his history as follows: "This is all that so far has been discovered regarding the toxical and pharmaco-

logical actions of the various cactæ. All the literature on the subject I have well nigh exhausted."

How blind are those who will not see! That a man with any pretensions to scientific accuracy, should ignore the labors of such men as Rubini of Rome, and Krentz of this country, not to mention many others who have experimented with the Cacti, passes comprehension. These investigators have proved that all the Cacti so far experimented with are heart poisons, and Dr. Lewin's surprise would not have been as great when he discovered this toxic action in Anhalonium, had he known or given credit to those who deserve it.

Dr. Lewin then proceeds to discuss the chemistry of Anhalonium. This has very little interest for therapeutists. He claims to have discovered an alkaloid which he calls Anhaloin, which he procured from the fluid extract, but in very minute quantities. He then gives the results of his experiments with the aqueous decoction on animals, and expresses his "astonishment and surprise that I was dealing with an intensely poisonous substance."

I. Frogs: A few drops injected caused an intense, general tetanic state. It seems to cause an acute muscular spasm, especially of the diaphragm and abdominal muscles. After the spasm was ended, the extreme reflex excitability lasts for some time. The frog will twitch when touched ever so gently, and spreads out its toes as far as possible. This condition lasts for six or eight days! Sometimes every irritation no matter how slight, will cause a tetanic spasm. The body will be bent back like a bow, and become as hard as a board. Even when the head is cut off, the trunk is thrown into a tetanic state by slight irritation. He failed to notice any influence upon the action of the heart!

II. Pigeons; These showed similar symptoms of tetanic convulsions; also violent vomiting; but an autopsy showed that the heart's action ceased in diastole!

III. Rabbits showed the same tetanic convulsions; they die in the convulsions; the heart pulsates with comparative strength after respiration ceases.

These show that Anhalonium acts almost exactly like strychnine, but further experiments are required to show what action it has on the brain, heart, and other organs.

It seems strange that with all this tetanic action the heart should stop in diastole, or that it should remain unaffected. I imagine that, from physiological or less toxic doses, more cardiac symptoms would be evolved. The overwhelming toxic effects of poison often prevent or obscure its special effects.

A knowledge of the real action of this drug cannot be

accurately ascertained until more thorough and exhaustive experiments have been made on warm-blooded animals and men.

Its action on the heart and blood vessels has not been shown by Dr. Lewin's experiments, and I am surprised that he has allowed such imperfect experiments to be published.

The only experiment on man, so far, is a fragmentary one by Dr. Landry of Logansport, Indiana. In *The Therapeutic Gazette* for January, he writes:

"The commencing or continued doses of the extract (fluid) of Anhalonium, ought not to be more than a single drop. Mingled with sweetened water in fractional doses would be still better. In severe angina pectoris, pneumothorax, or asthmatic dyspnœa, perhaps 2 or 3 gtt. doses might be advantageously used until relief is experienced, and then smaller instead of increasing doses.

"Its first action is that of a depressant, pulsations weaker, slower, often below 40 per minute, coolness of the surface, slower respiration, and some feebleness. In a case in which I administered 4 drops this (primary) stage was followed by a (secondary) stage of gradually increasing warmth: full tense, 60 per minute pulse, a regular, deep, full, natural breathing; increased capillary circulation, until the ends of the fingers were of a sensibly darker red color to the second joint; hands and feet warmer.

Then followed an easy, comfortable, deep breathing, and perfect freedom from oppression about the præcordia; drowsiness and natural sleep followed; slight subsultus, quickening and weaker pulsations, lowering of blood force, and slight frontal headache."

The above picture would seem to show that it was a nearer analogue to Ignatia, than to Nux vomica.

Dr. Landry asserts that it "excels Quebracho as a sustainer of respiration, and is a far better cardiac stimulant than Cactus grand., but his experience is not sufficient to enable him to be so positive.

He gives one interesting pathogenetic symptom. He says: "I have often known it to produce several emissions *without erection*." He adds that "in highly wrought nervous individuals it should be sparingly used, or given only in fractional doses; while in sluggish, lymphatic and sanguine(?) temperaments it may be used more freely."

I intend to investigate this drug, both physiologically and clinically, but I publish this now, as it may be of interest to those who have been reading the interesting Study of Cactus in the December number of the GAZETTE.

CONFIRMATORY NOTE.

EDITOR GAZETTE:

Dear Sir—I was interested in Dr. Angell's communication in the GAZETTE in regard to Cascara Sagrada as a remedy for rheumatism. Dr. John Q. A. French, of Hillsborough, N. H., informs me that he has had an experience very similar to that recorded. He gave some Cascara Sag. to a man who was badly troubled with rheumatism, intending it only as a laxative in place of aloes, which was the usual prescription. The result was great relief to the rheumatic trouble. The case was not acute, but rather of a chronic character.

Yours sincerely,
East Washington, N. H.

GEORGE N. GAGE, M. D.

THE BACTERIA OF THE VENEREAL DISEASES.

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[Translated by S. R. F. Lantzius-Beninga.]

CONCLUDED.

We find in the works on our subject, not unfrequently, reports of diseases, in which the sufferers from hard chancres remain perfectly free from a general infection, while individuals with soft chancre are attacked by "secondary symptoms."

Why formerly those observations were interpreted in a sense favorable to the theory of unity is clear; and it seems perfectly natural that Hahnemann, as a child of his time, only assumed one virus as the origin of the genital sores.

But since the microscope came into general use, it is no longer possible to base the definition of "syphilitic" or "non-syphilitic" on the hardness or softness of the sores, as the microscopical explorations have shown that the formation of the *ulcus molle* and the *ulcus induratum* is dependent—not only on the contagion—but on the finer anatomical structure of the seat of the ulcers.

On examination under the microscope (lin. magnif. 250) of very thin sections of pieces from excised chancrous labia and prepuce, made with the microtome and stained with picrocarmine or gentian violet, it is found in simple chancre that its bottom and margins are infiltrated with numerous round cells, which near the surface are in different stages of degeneration and disintegration, and finally change into a layer of detritus. In the syphilitic chancre, on the other hand, the alveolar structure strikes us at once; the spaces in the proliferating connective tissue present themselves filled with small round cells. Besides these I have, however, met cells with large nuclei and now and then epithelioid,

and even giant cells. Then, with the proliferation of the connective tissue and the epithelium, proliferation of the walls of the vessels is observed (infiltration of the intima and adventitia with cells) and the impression is produced that the process begins with this peculiar kind of endarteritis and periarteritis, and that the infiltration of the cutaneous or mucous tissue starts from the vessels. After this has been established, there is no longer any doubt, that the form of the initial lesion, as it shows itself to the naked eye and the examining finger, is dependent on the distribution and the course of the blood vessels in the skin.

A description of the finer anatomical structure of the genital organs would be beyond the limits of this article. Any one specially interested in this subject may find details in a very complete work of Dr. E. Finger, lecturer on syphilis and skin diseases in the University of Vienna. "*Beitrag zur Anatomie des mannlichen Genitale.*" (Sitz. Ber. d. K. K.: A. k. d. der Winensch.: Bd. XC Abth. III., Novbr, Heft 1884). Here the following practically important statements may suffice:

The sores are more or less hard when they are situated in men: on the orifice of the urethra, in the sulcus coronarius, especially in the neighborhood of the frenulum, at the margin of the prepuce and on the corona glandis.

In women, on the margin of the labia majora and minora and on the posterior commissure.

In both sexes, on the lips of the mouth and in the folds between the fingers.

They are soft in men, on the middle of the glans and on the skin of the penis. In women, in the vestibule and on the mucous membrane of the vagina.

The influence of the texture of the infected tissue can be demonstrated best in an initial syphilitic sclerosis, which extends from the sulcus coronarius to the middle of the glans; the sore is hard, like cartilage, in the sulcus coronarius, firm; but already somewhat doughy on the corona, and soft or at most parchment-like on the glans. That a simple really "soft" chancre can take on a firmness of base, which simulates a syphilitic induration in consequence of uncleanness or of irritation by its own decomposing pus, or of treatment with caustics, is generally known. Very instructive cases of that kind are reported by Wallace: ("*Ueber die Natur der Syphilis, Behrend Syphilid: I, II, III, 1839-41*). Simon (*Syphilis in Virchow's spec. Path. u. Ther. III, 1, 1885*); Fournier-Ricord ("*Leçons sur le chancre*," Paris, 1860); Michaelis (*Comp. d. Lehre v. d. Syph., Wien, 1865*); Clerc (*Traité prat. d. malad. vénér., Paris, 1866*); Berkeley Hill (*Syph. and local contag. disorders, London, 1868*); Bäumlér (*Syph. i. von Ziemssen's Handb. d. spec. Path. u. Ther., Leipzig,*

1886.) Less generally known it is, perhaps, that firm infiltrations of the sulcus coronarius and corona glandis occur in the ritual circumcision without preceding infection; then, that elevated, hard sores, resembling chancres arise on the glans after burning with red hot ashes from a cigar or a pipe and that it is possible to produce an ulcer with sharp edges, hard base and lardaceous bottom which the best syphilidologist cannot distinguish from a true chancre, by placing 5 centigrammes of corrosive sublimate for 12 to 36 hours between prepuce and glans.

From all this it appears clearly, how wrong it is to regard the induration as a sure pathognomonic sign of the initial syphilitic lesion and the absence of the hardness as an infallible symptom of the simple chancre.

The relatively surest sign of syphilis remains, without doubt, the multiple indolent enlargement of the glands, while the painful swelling, inflammation and suppuration of single glands characterize the genital ulcer as non syphilitic.

But as the swelling of the glands does generally not appear till the end of the third, and in most cases not till the fourth week after infection, and as the initial sclerosis develops only in the course of the third week, an absolutely certain diagnosis of the nature of an ulcer will in many cases not be possible within the first three weeks after infection.

This uncertainty, as well as the doubt about the duality of the contagion, will be removed at once, as soon as the bacteriologists succeed in discovering specific schizomycetes as the causes of the simple chancre as well as of the initial syphilitic lesion, and make it possible for any scientifically educated physician to demonstrate them. Sooner or later this will certainly come to pass; in the mean time I ask permission to launch my hypotheses.

As *prima causa* of the simple chancre a schizomycete must be found which does not grow in the blood, but only in the skin and in glandular tissue, and therefore is limited to certain parts, and which is endowed with an exuberant power to multiply, but has only a short life and little power of resistance — *i. e.*, a micrococcus, similar to the staphylococcus pyogenes aureus. If these parasites are brought into the skin or mucous membrane, they will increase rapidly in number, and by their vegetation cause a specific irritation, producing proliferation of cells, suppuration and destruction of tissue (chancre sore); but they may also get into a large lymphatic vessel in the inflamed area, and then, slowly pushed on by the lymphcurrent, excite a progressive lymphangitis; and at last, when they have collected in the neighboring lymphatic glands, cause here a metastatic inflammation with subsequent suppuration (chancre bubo). But with this the narrowly

limited and purely local sphere of action of this micrococcus is completed.

Why the examinations of the simple chancres have till now not led to the discovery of these parasites, is easily seen, if we consider that an open ulcer furnishes an excellent nutritive soil for all kinds of pyogenic micrococci and for the different bacteria of putrefaction; and that, therefore, a copious mixture of schizomycetes is always found, from which it has not yet been possible to isolate the specific kind, because it either does not grow on the nutritive media now known, or is supplanted too fast by the present saprogenic species. Perhaps, too, there is not one species only, but several which produce simple chancres. As often as I had the opportunity to prepare specimens and cultures from chancre pus, the results in regard to the bacteria found were always very different, one from another.

De Luca (vide: "*Il micrococco dell' ulcera molle.*" Gazz. degli ospitali, 1886, 38-41) seems to have been more fortunate. He cultivated from the pus of a simple chancre as well as from the contents of an unbroken pustule of a chancre which was produced by inoculation with this pus, besides *bacillus subtilis*, *staphylococcus pyogenes aureus* and *streptococcus pyogenes*, a micrococcus which grows on gelatine in roundish sharply circumscribed colonies of a yellowish gray color resembling that of coffee with milk, which rapidly liquify the surrounding gelatine. (In the only case where I succeeded in obtaining a pure culture of a micrococcus unknown to me from the pus of a chancre, the colonies looked dirty white and did not liquify the gelatine!) De Luca was also able to produce characteristic "*ulcera mollia*" in himself and other people by inoculations with his micrococcus; nevertheless he supposes that the two species of pyogenic cocci found at the same time, are of importance in the course of the chancre.

At any rate this discovery needs further confirmation.

As for the non-syphilitic ulcers which are known as phagedenic, serpiginous and gangrenous chancres, their origin is not founded only, as was hitherto believed, on the constitutional peculiarities of the diseased subject, but first on a mixed infection, certain other pathogenic schizomycetes being added to the chancre cocci. As soon as we succeed in establishing, by the indisputable demonstration of a micrococcus which has the qualities postulated by me, the purely local nature of the simple chancre, every reason vanishes rejecting the external treatment for those of Hahnemann's followers who still swear by the words of the master; for it is as clear as anything can be, that in open ulcers it is comparatively easy to reach and destroy the disease germs and so to heal quickly and surely the ulcers, according to the law "*cessante causa cessat effectus.*"

The homœopath is therefore not at all obliged to have recourse to the lunar caustic, by which the patient is needlessly tortured. Iodoform in the form of an ointment (Rp. Iodoform 1.0, Vasel, 10.0, Glyc. dep. 2.0, coffeæ fort subtiliss, pulver. 0.3) has the mildest and quickest effect and heals every fresh simple chancre in 3 to 4 days, if the patient observes the necessary rest and a non-irritating diet. That it is necessary to give at the same time internally, merc. sol. 3x or merc. corr 3 to 5x 2 or 3 times a day, to prevent the development of bubos, is self-evident.

PART III.

In syphilis — according to my opinion — only a micrococcus can be conceived which grows extremely slow and forms spores of great power of resistance. It must be capable of vegetating not only in the tissues but also in the blood and the juices of the human body. Certainly we have to deal with a rod shaped schizomycete, which resembles the bacillus tuberculosis in its morphological and biological qualities. If this bacillus in some manner gains entrance into the skin or mucous membrane, it increases very slowly, but does not remain at the place of invasion and migrates into the lymphatic vessels, lymphatic glands and blood, at the same time constantly multiplying. When their number at the point of entrance has grown so large, that irritation is set up and the tissues are damaged (gen. after 8 to 14 days, sometimes only after three weeks, exceptionally even later) a "papule" or "erosion" develops according as it has penetrated only into the corial layer of the skin or deeper into the connective tissue; or if other schizomycetes find access, a suppurating or diphtheritic ulcer or a broad condyloma occurs. While the formation of the initial syphilitic sclerosis takes place, the bacilli accumulate gradually in the nearest lymphatic glands and cause — mostly 5 to 11 days after the appearance of the papule, sometimes only after a few weeks — a swelling (indolent buboes); later they invade, carried by the lymph current also more distant glands. When the parasites have entered the blood, they increase here, too, and the poisons produced in their vegetation cause an irritation of the nerves, which excites a more or less violent fever, which is frequently perfectly overlooked; the organism reacts against the intruders and tries to get rid of them by driving them to the periphery. The well-known syphilitic eruptions of the skin and affections of the mucous membranes appear. Whether the syphilides are exanthematous, vesicular, pustular, squamous or tubercular, depends on the constitution, the power of resistance and manner of life of the patient, on climatic influences, and principally on other accessory schizomycetes.

In the glands the bacilli do not find a soil favorable to their growth, and therefore form there permanent spores, which, like the spores of anthrax, possess an extraordinary power of resistance and often get into the blood after a period of years of rest (latent syphilis) where they grow again to rods and multiply. But then they penetrate generally into the deeper tissues, the bones, joints and internal organs, and cause there gummatous destructive processes (tertiary syphilis).

While the micrococci of gonorrhœa and chancroid may attack an individual several times and can never be transferred by the act of generation to the child, the syphilis bacillus attacks almost without exception the same person only once, and can also pass to the fœtus (congenital, hereditary). Here the infection is possible in a threefold manner :

1. By the semen of the syphilitic father which is contaminated with the parasite, while the mother is not sick and does not take the disease ("spermatic infection").

2. Through the entrance of the bacillus into an ovum which was formed in the ovary of a syphilitic woman and fertilized by the semen of a healthy man ("ovular infection").

3. By the passing of the schizomycetes from the placenta into the fœtus, when at the time of the generation husband and wife were healthy ; the latter, however, acquired syphilis during pregnancy (placental infection).

All I have said about the syphilis bacillus is, I am sorry to say, still hypothesis, and I am not even able to cite any authority for it. Although during the last years several discoveries of bacteria have been made in syphilis, none has yet come up to the severe scientific demands which are nowadays made in the detection of a parasitic disease germ. Most confidence seems to be deserved by the discovery of Lustgarten (vide : "die Syphilis-bacillen," Wiener med. Jahrbucher, 1885, Heft I), who demonstrated by means of a certain way of staining in products of syphilis and in congenital lues slender bacilli, which resemble in form and size the tubercle bacilli, but are more often curved than these, and appear frequently swollen at the ends like buttons ; they never appear free in the tissues, but always single or in groups of 2 to 8 pieces included in cells (wandering cells?).

Doutrepoint, Schütz, de Giacomi and Gottstein, who examined a great number of syphilitic scleroses, condylomata, papules and gummata, confirmed Lustgarten's statements, while Matterstock, Alvarez and Tavel found in the smegma præputii, in the anus and in the secretion between the labia majora and minora of healthy persons, bacilli which were like the syphilis bacilli in their morphological and tinctorial qualities. But later differences between these smegma bacilli and Lustgarten's, were

found by Klemperer and Bitter. I myself succeeded only in making the syphilis bacilli visible in the secretion of fresh syphilitic papules, but not in syphilitic testicles, gummata and excised initial scleroses, which I received from the hospital in this city, although I applied most carefully Lustgarten's method of staining, as well as Doutrepont's, Schultz's and Giacomi-Gottstein's. I ascribe my failures principally to the circumstance, that I received for exploration only old alcoholic specimens, but share my misfortune with Alvarez, Tavel, Klemperer, Kœbner and Von Zeissl, who did not succeed any better than I.

Lustgarten's discovery cannot be regarded as perfectly confirmed, till his bacillus is isolated and cultivated on a solid nutritive soil and till an animal is found, in which—perhaps after artificial lowering of the processes of oxidation in the body—true syphilis can be generated by the inoculation of such pure cultures.

If this is done, and at the same time there is found a way by which it is possible to demonstrate the bacillus rapidly and easily, there will be no more doubt about the practical value of this discovery, and every physician will very soon come to a decision about the nature of a genital ulcer and be able to execute his plan of treatment without hesitation. Then the allopaths must abstain from the excision of the initial sclerosis and the extirpation of swollen inguinal glands, for there is no doubt, that at the time of the operation the bacillus not only vegetates in these spots, but has invaded other parts of the organism of the affected individual, and that with a virus which is organized and continuously multiplying, it is of no advantage at all to remove it from one part, if it grows on quietly in other places.

It is to be hoped that then the miserable cure by inunction with mercury will be very considerably restricted, as by it only the parasites which live in and under the skin are touched directly and killed, while those in deeper parts, especially in the glands, are not affected at all, and in any case the vitality and power of resistance of the infected body are depressed.

Perhaps the conviction will then gain ground in the old school, that it is very wrong always to try how far it is possible to increase in the treatment of syphilis the doses of mercury and iodine without ruining the patient entirely, and that it is certainly much more beneficial to try how little of it is sufficient to effect a cure.

To destroy the bacilli and their spores in the interior of the human organism, the very strongest doses of the two remedies are not sufficient; but the customary allopathic doses can paralyze or even destroy the tissue cells, and in this manner make the victory for the intruders in the battle with these cells easier.

Lately, however, some syphilidologists seem to have come to a better knowledge in posology.

The well-known Martineau, *c. g.*, prescribes (vide "de la thérapeutique générale de la syphilis," *Annales medico-chirurgicales*, 1887, page 184) corrosive sublimate in daily doses of 0.005 and Sigmund writes in his "Vorlesungen über neuere Behandlungsweisen der Syphilis," (Wien 1880) page 90: "In any application of mercurials the gradual introduction of the smallest quantities of the remedy has a better effect on the syphilis process than the rapid introduction of larger doses;" and, page 81, "The more attenuated the single doses of the remedy are taken the better they are tolerated, and especially, the preparations of iodine show their other well-known, often very disagreeable effects more rarely or not at all; and if they do, not so rapidly and violently.

In homœopathic therapeutics the determination of the ætiology of syphilis would have no influence, as our action at the bedside is not determined by the temporary views about the cause and the nature of the diseases, but solely by the infallible rule given us by Hahnemann — "*similia similibus*."

Mercury, about the value or non-value of which so great differences of opinion have prevailed under the allopaths up to to-day, will always remain our chief weapon against syphilis as *simillimum*,* and the future can bring us only a greater precision in

* As is well known, the first physician and superintendent of the Vienna Hospital, Dr. Joseph Hermann, was induced by the striking similarity between the mercury and syphilis symptoms, to deny completely that the secondary and tertiary forms follow naturally the initial affection, and to regard them simply as effects of the exhibition of mercury.

How easily he might have convinced himself of his error!

I have visited very diligently in earlier years the polyclinics for sexual diseases and the syphilicomia in the larger Italian universities, which present a truly enormous material of all possible forms of syphilis, and have had opportunity to observe in many hundred cases the treatment according to the rule — not to say misrule — then in vogue.

Every fresh genital ulcer, without exception, was cauterized every two or three days with lunar caustic, till it had perfectly cicatrized, but neither mercury nor any other remedy was ever applied internally or externally. In spite of that the characteristic cutaneous eruptions or ulcers of the throat appeared, often already during this treatment — every time when the initial affection was syphilitic. As soon as these appeared, the patients had to go through an inunction cure with mercury, and to take afterwards, for a longer period, iodide of potassium. In relapses, a repetition of this medication was used, or the iodide of potassium alone, or some preparation of mercury was given.

Several times I have seen there women and girls of the lower classes affected with secondary syphilis, who had not noticed the primary lesion at the genitals at all, or at least had not paid any attention to it, and who therefore had done nothing whatever against it; they also had paid no attention to the roseola, as it caused no discomfort, and only applied for help on account of painful ulcers in the throat, in the general polyclinic, from where they were directed to the syphilis department.

That these patients, who lived in the poorest circumstances, should have used rouge or tooth powder containing mercury, as Hermann supposes in such cases to save his dogma, certainly nobody will believe.

the use of its different preparations when their effects are determined more accurately than now by new and more exact provings on healthy men and animals. Although mercury is considered as first remedy for this disease, it is not our only one. The physiological pharmaco-dynamics has made known to us a great many other medicines which, correctly chosen according to our law of cure, are, in single cases, capable of doing great things just as well as the mercury compounds.

It is, however, always good to prescribe from the beginning, *i. e.*, from the appearance of the primary sore, mercury, and at first mercuric chloride, because this has the quickest and most reliable effect. In most cases the third decimal dilution will be sufficient, if it be taken methodically in an increasing and decreasing number of drops.

The quarrel in the allopathic camp, whether it is enough to resort to local measures only in the initial sclerosis, and to begin the real cure of syphilis only on the appearance of secondary symptoms, or whether this ought to be begun as soon as the syphilitic genital ulcer develops, does not affect homœopathy in the least, for the homœopaths regard this ulcer as a manifestation of the virus which has penetrated into the body (the correctness of this opinion will sooner or later be demonstrated by the bacteriologists), and abstain, therefore, from an energetic local treatment.

It is certainly best to give the sublimate not only till the ulcer closes, but to continue it some time longer.

Although we succeed only in exceptional cases in preventing the eruption of lues, experience shows that most patients, when treated in this manner, remain free from the severer forms of the secondary and tertiary syphilis, if they assist the cure by right diet, rational care of the skin and corresponding behavior.

If the specific efflorescences of the skin and mucous membrane appear, it is not necessary to discontinue the sublimate at once; only when it has no visible influence on them, another preparation of mercury or some of the other syphilis remedies is resorted to, where it is of course necessary to individualize most carefully and to consult the pure *materia medica*.

For the later affections of the deeper tissues, the bones and the internal organs, the iodine preparations prove to be most frequently efficient, as well as *kali bichrom.*, *aur.*, *acid. fluor.*, *mez.*, *guaj.*, *asafœt.*, *merc. iod. flav.*, *merc. bi-iod.*, *merc. nitros.*, *merc. præc. rub.* As an extremely helpful remedy for gummata, with highly burning pain, I will mention *corydalis formosa* (the American homœopaths praise it also in secondary syphilis).

Among the usual relapses, the painful patches in the

mouth and throat play the principal part; they torment the patient often several years after all other symptoms have disappeared, every spring and fall, and resist, sometimes obstinately, the remedies usually employed against them (kali hydroiod, acid. nitr., merc. subl. corr., merc. bi-iod., thuja, etc.). In these cases I have seen repeatedly a quick and permanent cure by phyt. dec., 3d dec. atten. (three times daily, 3 drops internally and 20 drops in a wine-glassful of water for gargling), even after previous allopathic treatment with nitrate of silver, mercury and potassium iodide.

Not unfrequently there occurs in the course of syphilis a period where the constitutional anomalies which are caused by the virus need an especial care; of course, they are not to be fought by mercury or iodine preparations, but require our potent constitutional remedies—sulphur, lycop, calc. carb., silicea—according to the prominent seat of the disease in the skin, glands or bones.

Those cases where mercury and potassium iodide were given in large doses and with bad results have, without doubt, the most unfavorable prognosis. By such patients, who have wandered generally from one allopath to the other, homœopathy is wanted to effect miracles, and to restore in a few days what disease and medicines have destroyed in years.

Sometimes acid-nitric, 6, has a really surprising effect, but often it fails like hep. sulph. calc., calc. iod., cinnabar, bell., thuja, etc. It really seems as if a body spoiled in this way had lost the faculty to respond to the fine homœopathic doses. If it is not reawakened after the exhibition of sulphur, it would be most advisable to send the patient to a water-cure, or Schroth's Institute, where sometimes a cure is effected by violent acceleration of the tissue metamorphosis and considerable increase of the secretions.

Syphilis can be regarded as really eradicated when all glandular swellings have disappeared and no relapses have occurred after the long-continued exhibition of hep. sulph. calc., or sulphur, or nitric-acid.

That such a radical cure of this severe disease belongs to the most difficult tasks, even for the homœopaths, in spite of their large materia medica, will be explained satisfactorily as soon as my hypothesis of the syphilis bacilli is verified, for then the extraordinary vitality of its spores would come into account.

At any rate, we can meet this disease well prepared.

Mamma: "What are you playing, children?"

Johnnie: "We're playing doctor, mamma. I am the doctor and Mabel is the sick lady. I give her a teaspoonful of medicine, and then she turns right over and dies."—*Exchange*.

THREE MONTHS OF SURGERY IN THE MASS. HOMŒOPATHIC HOSPITAL.

HORACE PACKARD, M. D., BOSTON.

During the three months, beginning June 1, 1888, the number of surgical cases entered at the Massachusetts Homœopathic Hospital was forty. This is considerably smaller than during the preceding three months, from the fact that the number is always less during the summer months than in the fall, winter and spring.

The variety of cases, however, has been great, and includes some very rare in their nature, even unknown in the previous records of the hospital. The following is a condensed review of the work done:—

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| Abscess | { | Axillary,—1. |
| | | of Thighs,—2. |
| | | of Shoulder,—1. |
| | | Rectal,—1. |
| | | of Arm,—1. |
| Anchylolosis of Jaw,—1. | | |
| Burns | { | Scald of Foot,—1. |
| | | of Back,—1. |
| Cancer | { | of Lip,—1. |
| | | of Rectum,—2. |
| | | of Uterus,—1. |
| Echinococcus of the Liver,—1. | | |
| Fissure in ano,—3. | | |
| Gangrene with Diabetes,—1. | | |
| Carcinoma of the Liver,—1. | | |
| Hemorrhoids,—2. | | |
| Hernia | { | Inguinal,—1. |
| | | Umbilical,—1. |
| Hypertrophied Tonsils,—2. | | |
| Acute Intestinal Obstruction,—1. | | |
| Laceration of the Cervix,—4. | | |
| Metrorrhagia from Chronic Endometritis,—2. | | |
| Necrosis of Tarsus,—1. | | |
| Alveola Process,—1. | | |
| Ovarian Neuralgia,—1. | | |
| Complete rupture of the Perinæum,—2. | | |
| Septic Cellulitis of the Hand,—1. | | |
| Tumors Pediculated Submucous Fibroids of the Uterus,—1. | | |
| Lipoma of the Shoulder,—1. | | |
| Ulcer of the Foot,—2. | | |

GENERAL REMARKS.

In all the cases operated upon the strictest asepsis has been observed; prior to operation, all instruments are thoroughly cleaned and passed through an alcohol flame. The hands of the operator and his assistants are thoroughly scrubbed with soap and water and a one to one thousand bichloride of mercury solution. The field of operation is thoroughly scrubbed with soap and water, the hair carefully removed with a razor and thoroughly disinfected with bichloride of mercury solution.

Silk ligatures are prepared by immersing them in 5 per cent solution of hot wax and carbolic acid. Raw catgut is obtained from a music supply store, and is immersed twenty-four hours in oil of juniper and then kept in absolute alcohol. Rubber drainage tubes are kept in a jar of 30 per cent. carbolic acid solution. Silver wires are passed through an alcohol flame before introduction; sponges are never used unless it be absolutely necessary, but in their place a stream of boiled water or carbolic solution is kept flowing over the wound during the operation. In all wounds where it is possible to get healing by first intention, the cotton and collodion dressing is used. In all cases where it is suspected that suppuration may occur, and the drainage tube is necessary, it has become my custom in closure of the wound to use deep wire sutures for holding the deeper portions in apposition, and the finest catgut sutures for approximating the edges of the skin. In abdominal wounds the continuous catgut sutures are used in approximating the edges of the peritoneum, another for closing the sheaths of the recti muscles, and still another for sewing together the edges of the skin. These, with the deep wire sutures, invariably result in firm union without suppuration. The cotton and collodion dressing so thoroughly seals the wound that it is impossible for it to become contaminated from outside sources. The same results are obtained in wounds following the removal of mammary tumors, and in fact this cleans the wound so that it has become the exception rather than the rule for suppuration to occur. Following the operation we find that healing goes on without interruption. The dressing is not displaced until the eighth day, when it and the sutures are removed and healing is complete. Where the drainage tube is used, my custom is to pull it out on about the fifth day, covering the aperture left thereby with a pledget of mercurialized absorbent cotton.

TREATMENT OF ABSCESES.

Abscesses are opened very freely, the pus evacuated, the cavity thoroughly washed out with an antiseptic solution. A dressing of mercurialized cotton is applied and firmly bandaged and not changed until the discharge shows through. Most cases of recent abscess heal kindly under this method of treatment.

BURNS.

In cases of burn, the raw surface is cleansed with an antiseptic solution and thickly dusted over with nitrate of bismuth, small squares of gauze placed over the wound and the whole bandaged down firmly. If no discharge shows through the dressing and no odor manifests itself, the dressing remains indefinitely. The edges of the dressing, as the wound begins

to heal, cleave up and are trimmed off with the scissors. A burn of moderate severity, say from six to eight inches square, will heal under this treatment without change of dressing and without offensive odor.

HEMORRHOIDS.

Hemorrhoids are treated mainly by the Pratt method. The sphincter is thoroughly stretched, the hemorrhoidal tumors grasped with the bullet forceps and cut off with the scissors. Troublesome hemorrhages never occur after this method, and satisfactory results have always followed.

HERNIA.

Hernias are treated both by the Hetonian method and by operation for radical cure. Many cases of hernia, when received at the hospital, are either in a state of incarceration or strangulation, hence the radical operation only is applicable. It has been my custom to cut boldly down upon the hernial sac, lay it open, reduce the incarcerated or strangulated gut, ligate the sac at the neck, sew the edges of the hernial opening with catgut, and close the external wound according to the method already described.. Most excellent results have followed such cases.

ACUTE INTESTINAL OBSTRUCTION

always calls for immediate relief. There are but two ways of accomplishing this, first by lumbar or inguinal colotomy or opening the abdominal cavity, searching out the point of obstruction, and making a resection of the intestine. Both methods are attended with danger, yet there is still greater danger in doing nothing. Lumbar or inguinal colotomy, even if successful, leaves the patient in a very deplorable state.

The recent experiments of Nicholas Senn, M. D.,* have thrown new light upon and given new impetus to resection of the intestine. There is a single point, however, which must seem apparent to all who have attempted the operation on the human subject, where total obstruction has continued for a number of weeks, and the portion of intestine above the seat of obstruction has become enormously dilated, while that below has become proportionately contracted. On making the resection the great disproportion between the lumen of the upper portion and that of the lower portion, is at once confusing to the one who has in his mind the carrying out of Dr. Senn's plans. While without doubt this operation is quite simple, and is rapidly and successfully performed on the lower animals, where no obstruction has preceded, and hence no disproportion exists between the upper and lower segment of the gut, I have good reason to doubt the

* Vide *Annals of Surgery*, 1888.

practicability of many of Senn's plans in regard to operating in acute intestinal obstruction in the human being. Cases that have been reported since Dr. Senn made his experiments have not shown such results as would be desired, and cases operated upon by Dr. Senn himself are not particularly flattering.

LACERATION OF THE CERVIX UTERI

is so common and the operation for its relief so frequent, that no comment upon it here is necessary. It is described by many authors as a minor operation and it is so if considered in its relation as to danger. It is true that unpleasant results have seldom followed, and even though it be unskilfully performed, especially harmful results are not likely to follow. Considered in its strictly technical relation it is in most cases a difficult operation from the fact that the mobility of the uterus is not very great. Where it can be readily drawn down the difficulties attending the operation are not so great, but these are exceptional cases and call for no more skill and manual dexterity than is used in a simple uncomplicated ovariectomy.

ELECTRICITY IN THE TREATMENT OF UTERINE FIBROIDS

and neuroses of the pelvic organs has received a great impetus from the experiments of Apostoli, and one case during my term of service has been treated with electricity—a case of ovarian neuralgia,—with very flattering results. The use of a powerful electrical current for dissipating uterine fibroids according to Apostoli's method, has not been resorted to on account of the uncertainty attending it, and the diversity of opinion as to its efficacy expressed by those who have used it.

The total number of cases operated upon during the three months' report, is forty. The following are given in detail because of their rarity or especially interesting features present:—

Hepatic abscess, reported by the House Surgeon, Dr. J. F. Bothfeld.

Mr. R——, age 33, was admitted to the Hospital July 21, 1888. Two weeks before his admission, having previously enjoyed good health, he was taken with a severe chill at night, followed by intense pain in the liver. He has had high fever, with evening exacerbations, and almost continuous pain and soreness ever since. His suffering had been so great that he had taken morphine as a palliative for several days.

His appetite was good; bowels constipated, and stools dark brown; urine normal in quantity, but dark. An examination showed swelling and hardness in the region of the liver, with an increased area of dullness.

On July 22 the aspirator needle was plunged into the tumor,

and 43 $\frac{3}{4}$ of a sero-purulent fluid withdrawn, followed by almost immediate relief from pain. China, 3 \times internally. During the four succeeding days the patient was very comfortable, being entirely free from pain, but complaining of a slight diarrhœa, with colic, which was controlled by arsen., 3 \times .

On July 28 the excruciating pain began again, and the swelling gradually reappeared. On the following day a little chloroform was administered and the aspirator again brought into use, when 42 $\frac{3}{4}$ of fluid were withdrawn, this time containing much more pus than formerly. The location of this abscess was a matter of doubt, whether it took its origin from the parenchyma of the liver itself, or was a circumscribed peritoneal abscess, or a gall cyst with adhesions to the abdominal wall, it was impossible to definitely say. Though large admixture of serum with the pus was a point rather in favor of a diagnosis of a cyst of the gall bladder. Whatever its exact nature, the most promising treatment was undoubtedly an exploratory incision, with the view of permanent drainage. Therefore, on Aug. 2, the patient was etherized, an incision an inch and a half long made over the tumor, and the dissection carried down to the surface of the cyst.

The sac was then punctured, and about the same amount of pus discharged as on the previous occasions. The finger was introduced into the cavity, but the nature or exact relative position of the cyst could not be positively ascertained, though in all probability the gall bladder was the seat.

The cavity was thoroughly washed out, a double drainage tube inserted, and the cyst walls sutured into the abdominal wound. A dressing of mercurial cotton was applied, to be renewed as often as soiled.

The patient stood the operation well. The wound discharged freely for a few days, but by Aug. 6 the drainage tubes were removed, and the cavity syringed out with mercurial, 1 to 4,000. In three days more the discharge was a clear serum and had lessened much and in quantity, the cavity being irrigated daily with the sublimate solution.

The discharge soon ceased, the wound closed, and on Aug. 24 the patient was discharged cured.

A case of scald, involving dorsum of foot, reported by Dr. Clara Barrus, House Surgeon:—

Miss R—, aged 24, a Swede; occupation, cook. The patient entered the hospital July 24, having scalded the dorsum of the left foot the previous week by spilling boiling lard upon it. A dressing of sweet oil and white of egg had been applied before entering the hospital. On removal of this dressing, it was found that the entire skin had been destroyed over an area

of about four square inches, while the remainder of the dorsum of the foot had escaped with the destruction of the epidermis only. The whole foot, including the burned surface, was thoroughly cleansed with castile soap and warm water, followed by a copious douche of bi-chloride of merc. solution, 1 to 4,000. The burned surface was then thickly covered with subnitrate of bismuth, and over this small pieces of cheese-cloth, six layers thick, cut about one and a half inches square, were laid. The whole was then bound on with a bandage evenly applied. This dressing remained five days without disturbance. At the end of this time a slight discharge had shown itself at one point. The bandage was removed, and such of the squares of cheese-cloth as were soiled were removed and subnitrate of bismuth scattered thickly over the exposed surface, fresh squares applied, and the whole bandaged as before. No further change of dressing was necessary. Every few days the edges of the dressing were trimmed off with the scissors as the outermost parts of the wound healed. Aug. 23, just thirty days from her entrance to the hospital, the patient was discharged, with the wound entirely healed, and that with but one change of dressing.

A case of diabetes, with gangrene; reported by Dr. J. F. Bothfeld, House Surgeon:—

Mr. H—, of Provincetown, an old sea captain, but in recent years engaged in mechanical pursuits, was admitted to the hospital July 24, 1888. The patient was 69 years of age, but showed by his large and sinewy frame that he had been a man of unusual strength and health, though now much-reduced. He had claimed to have been the heaviest man in his native town only a year ago, but in recent months he had lost flesh remarkably fast. The patient came to the hospital for gangrene of the great toe of the left foot. Four months before he first noticed a slight abrasion of the skin at the end of the toe. He paid no particular attention to it, but it did not heal, became sore, and assumed a darkish color. The blackness of the skin steadily spread up the phalanx, until now, four months from its beginning, the whole toe is dead, quite a distinct line of demarcation being observed at the metatarsal articulation. The patient has used poultices to the part, and carbolic acid to allay the odor of putrefaction.

On further questioning into the patient's general health it was learned that, dating from about eight months ago, he had observed an increased flow of urine, with more frequent micturition, associated with his steady, progressive emaciation. At one time he passed two and a half gallons of water in the twenty-four hours, but now not more than half that amount. An examination of his urine determined a large percentage of

sugar. So here was a case of diabetes with gangrene. Could anything be done? At first sight an amputation seemed to promise well; but taking into consideration the constitutional disease, it was contra-indicated, for undoubtedly gangrene would immediately set in in the flaps and death follow even more rapidly than if the case were left to nature. So there was nothing to be done but treat the diabetes in the usual manner, by the diabetic diet and the indicated remedy, and to give such local treatment to the foot as would insure relief from suffering. Consequently the dead toe was removed by snipping around the joint with the scissors, the patient experiencing no pain whatever. The foot, which showed the redness of inflammation from absorption from the putrefying mass, was kept covered by cotton wet in an arnica solution, and the stump of the toe frequently bathed with weak carbolic acid, and the whole foot dressed with mercurial cotton. This treatment eased the patient greatly and allayed the odor.

Two days after, on the 26th, the gangrene was seen to be extending up the foot, and plugged veins were felt like whip cords along the tibia. Still the patient was comfortable and experienced little or no pain. The foot, in addition to the previous treatment, was douched daily with warm water, and drop doses of Squibb's fluid extract of ergot were given in water.

On July 31 the gangrene had extended still farther up the foot, and on the next day the patient left for his home as he could receive there the same treatment being given here, and would pass the few remaining days of his life among his friends and family.

UMBILICAL HERNIA.

Mrs. R——, age 68, entered the Hospital through the recommendation of Dr. F. C. Richardson, Sept. 25. She gave a history of having suffered from Umbilical Hernia for twenty years. By the aid of a supporting binder she had borne the trouble all these years without marked discomfort until within a few weeks. There had been a gradual increase in size of the protrusion, until at the time she entered the Hospital it was as large as a quart bowl. The recent discomfort mentioned above consisted in marked tenderness over portions of the hernia, and pain. That the hernia was incarcerated there was no doubt, while the recently developed symptoms indicated impending strangulation. Four days after her admission to the Hospital, ether was administered and the following operation performed. An incision was carried longitudinally over this protrusion, through the skin down to the hernial sac, which was freely laid open and the contents exposed. The hernia consisted of many loops of small intestines firmly adherent to each other, and a layer of omentum

covering the whole. The omentum was stripped off, ligated and cut away. The umbilical opening through which the mass had worked its way was about one inch in diameter. It was found impossible to work the adherent loops of intestine back through this, consequently it was enlarged by an incision upward toward the ensiform cartilage, about an inch long, and the mass was then reduced. The wound was closed by deep wire sutures, superficial continuous catgut and drainage tubes adjusted. The wound healed kindly, though not throughout, by first intention.

At the date of her discharge, Oct. 31, there was a superficial sinus at the site of one of the drainage tubes from which a few drops of watery fluid exuded daily. She could then walk about with ease and without experiencing pain or discomfort.

STRANGULATED INGUINAL HERNIA.

Mr. K—, age 49, entered the Hospital Sept. 19, through the recommendation of Dr. I. B. Cushing. He was of Irish birth and his occupation farming. He had a left inguinal rupture which had existed for thirty years, but by wearing a truss he had not experienced serious trouble until three days before entering the Hospital. At that time, as a result of some over exertion, a loop of intestine came down, and resisted all attempts at reduction. On his arrival at the Hospital he was suffering intense pain and almost constant nausea and vomiting. He was etherized without delay, the sac opened and the hernia reduced. The gut was congested, but fortunately not gangrenous. The hernial sac was ligated at the neck with catgut and cut away. The pillars of the ring were sutured with catgut and deep sutures of wire adjusted. A drainage tube was fixed in the lower angle of the wound. Nothing occurred to interrupt the course of convalescence. On Oct. 20, he was discharged cured.

AMPUTATION FOR NECROSIS OF TARSAL BONES,
reported by Dr. J. F. Bothfeld, House Surgeon:

Miss W—, age 23, entered the Hospital July 12, 1888, through the recommendation of Dr. J. K. Warren. The right ankle presented an unsightly appearance. It was swollen to twice its natural size and groups of ragged ulcers encircled the joint. The ankle was very sensitive, and all motion and touch very painful. A large quantity of foul-smelling, greenish yellow purulent matter was constantly discharged from these ulcers. The patient had always considered herself healthy. Still she has a scrofulous appearance; is of a slender build, large dark eyes and fine wavy hair; has a very excitable temperament, and though apparently very calm, when undisturbed, became very apprehensive and wildly excitable whenever the ankle was dressed.

Menstruation began in her fifteenth year. Menses have always been irregular and tardy. Has not menstruated for nineteen weeks previous to entering the hospital.

In April, 1887, the first abnormality in the ankle appeared as a slight swelling. Previous to that it had troubled her by turning very easily. This weakness increased so that it turned on the slightest provocation. After the swelling had advanced she began to feel considerable pain in the joint. She consulted Dr. S——, a "bone setter," who treated it, she said, "by putting a little bone in place and rubbing it with salve," giving her some salve to use twice daily. Three weeks following, a sore broke out on the joint; this was followed by others until the ankle was covered with ulcers. April 1, 1888, the ulcers were curetted and pieces of necrosed bone removed.

On entering the hospital the ulcers were syringed out with warm mercurial solution (1.2000).

Absorbent cotton, smeared with cosmoline, was then applied beneath a roller bandage. This treatment was used daily till July 21, 1888, when the patient was etherized, incisions were made in the vicinity of the ulcers, and the finger introduced for examination. The tarsal bones were found to be badly necrosed, and an amputation was imperative. Esmarch's rubber bandage was applied. A circular incision was made through the skin and bi-lateral flaps through the muscles, the flesh retracted, and the limb was amputated at the lower third of the tibia and fibula. The hemorrhage was very slight. A periosteal flap was made and brought over the ends of bones. A rubber drainage tube inserted. The stump covered and the integument joined with a continuous catgut suture, reinforced by four or five wire sutures.

A pad of mercurial cotton was applied over the wound and made to adhere by means of collodion. The limb was then packed in mercurial cotton and a roller bandage applied.

The patient readily recovered from the effects of the ether. Experienced but very little pain in the ankle, but complained of the characteristic symptom, viz., the feeling as though the foot was still there. She repeatedly tried to move her toes, and often "felt flies crawling on the sole of her foot."

July 26. — A slight oozing was noticed through the dressing. The bandage and outer cotton were removed and fresh cotton applied. Two days later the drainage tube was removed.

July 31. — The entire dressing was removed, also the wire sutures. The appearance of the wound was very good. The parts underneath were united, although the union of the skin was not quite perfect. The skin was brought together by strips of gauze applied with collodion, and the stump dressed as before with mercurial cotton and roller bandage.

A few days later the entire dressings were removed. Union of the whole wound was perfect. Patient is feeling well. Appetite is improving and all the bodily functions are good.

Aug. 5. — Patient goes about the ward on crutches, and is to leave the hospital in a few days.

Throughout the operation the strictest antiseptic precautions were used. The instruments were burned and placed in trays containing carbolized water.

The operator and his assistants were dressed in clean cotton clothing. The limb was cleansed with mercurial solution before the incisions were made. Each instrument, after being used, was rinsed in plain water and returned to the carbolic solution, ready to be used again. The slight hemorrhage was controlled by boiled water. The catgut sutures were left in carbolic solution till ready for use, and after the wound was closed it was covered with mercurial cotton and sealed with iodoform colloid.

ASTHENOPIA.

BY H. K. BENNETT, M.D., FITCHBURG, MASS.

[Read before the Worcester County Homœopathic Medical Society.]

The term asthenopia, as laid down in our works on Ophthalmology, signifies *weak sight*. In my opinion *eye strain* would be a more appropriate definition. Asthenopia is said to be either muscular or accommodative—that is to say, it depends upon a strain of the extrinsic or intrinsic muscles of the eyes. Errors of refraction are responsible for the greater proportion of cases of asthenopia. In hyperopia part of the accommodation has to be used to see distant objects distinctly, and, as soon as near vision recedes beyond a distance of twenty-two centimeters, asthenopia will surely be the result. This will take place early or late in life, depending upon the degree of ametropia. In astigmatism, however, we may have asthenopic symptoms at almost any age, and I have seen several cases in children from five to seven years old.

Why is it that, in cases of a high degree of hyperopia, and of even a low degree of astigmatism, we have asthenopia?

Nature demands distinct vision, and if, from any cause, vision is below normal in its acuteness, the muscles are put upon a strain to secure it. In hyperopia she frequently succeeds for a while, but in astigmatism never, for the very reason that, when rays of light are brought to a focus in one meridian by the power of accommodation, it fails to focus rays of light in the opposite meridian; and, unless the rays of light are brought to a

focus in both meridians at the same time, distinct vision cannot be secured. Nature is not satisfied with this on account of circles of diffusion, and the intrinsic muscles of the eyes are kept on a constant *qui vive*, and great eye strain is the result.

Asthenopia, dependent upon some anomaly of the extrinsic muscles of the eyes, demands our attention. In order that parallel rays of light should focus upon the most sensitive point of the retina, *i.e.*, the *fovea centralis*, in both eyes at the same time, thereby securing binocular vision, the eyes must be parallel, each of the four recti muscles must have its normal attachments and tonicity. Now, if from any cause there is a lack of harmony or equilibrium in the action of these muscles, there is a strain brought to bear, which has the most serious effects. One of the eyes may be higher than its fellow, showing a want of harmony or balance in the superior and inferior recti, or one eye may slightly converge or diverge; and in order to secure binocular vision in these cases, there is a constant strain brought to bear upon that muscle which will secure binocular vision. Weakness of the internal rectus of one or both eyes is a source of great eye strain, and unless binocular vision is sacrificed, asthenopia of the highest degree and of the most pernicious character is the result.

Having thus briefly considered the definition and most frequent causes of asthenopia, we will now turn our attention to its constitutional effects. This reason alone induced me to present this subject for your consideration. Primarily, eye strain, if not relieved, has a most disastrous effect upon the nervous system. Our leading neurologists recognize this fact, and regard asthenopia as often the only cause of many nervous affections, such as headache, neurasthenia, chorea, epilepsy, and even insanity, as has been witnessed by Dr. Stevens of New York. The aid of an oculist is usually required to diagnose such cases correctly. Our general practitioners do not recognize this fact sufficiently, and are, therefore, ignorant of the true cause of many occult nervous diseases, which cause the specialist alone can discover by aid of the resources at his command. I say specialist, for they alone possess the necessary means of making a correct diagnosis and prescribing proper methods of treatment.

The treatment of eye strain depends upon whether the intrinsic or extrinsic muscles are the ones upon which the strain is brought to bear. If the eye is emmetropic, and the strain the result of a want of a sufficient amount of accommodation due to general debility, weakness from sickness, or paresis of the muscles, then tonic treatment, properly selected remedies, electricity and convex glasses will generally restore the function. But, when the cause is from an error of refraction, nothing will give

relief of any duration short of properly adjusted glasses. In such cases the eye is a deformed one, and mechanical means alone are of any permanent avail. When the extrinsic muscles are the cause of eye strain the treatment is very different. We must in these cases carefully examine the position of each eye, the power of each rectus muscle, and, if the amount of heterophoria is of low degree, endeavor to remedy the defect by orthoptic training. When the degree of heterophoria is only slight this method is often satisfactory, but, when of high degree, nothing but a tenotomy, or a tenotomy combined with an advancement, will give satisfactory results. There are cases on record where the various nervous phenomena dependent upon eye strain have spontaneously disappeared, or have been removed by the administration of internal remedies. With the exception of asthenopia—dependent upon want of a sufficient amount of accommodation—such cases are, in my opinion, imaginary. If carefully examined by an oculist, it will be found that binocular vision is lost, or that amblyopia exists in one or both eyes. I could report several cases where this has occurred. I will now briefly report from my case-book a few cases illustrating the effect which the removal of eye strain has upon the nervous system.

Miss B., age 19, has suffered for the past five years from constant headache. These headaches were aggravated by study, and, as a consequence, she was obliged to leave her school. A careful examination revealed a low degree of hyperopic astigmatism, with deficiency of the power of convergence. I prescribed the glasses called for, correcting the whole amount of the ametropia, and the headaches have permanently disappeared.

Master L., age 16, has suffered from headaches and had difficulty in keeping up his studies. He was depressed, and avoided associating with his school-fellows. Upon examining this case I found a manifest hyperopia of one dioptre. The most apparent anomaly noticed was, that, while reading, he held his book to one side, and, in walking or reading, inclined his head towards the left shoulder. Examination of the extrinsic muscles revealed left hyperphoria of one and a half degrees. I prescribed convex glasses of one dioptre for each eye for constant use, and twice a week orthoptic training for ten minutes each time. This case is now under treatment, but the result is very gratifying. A positive cure can be promised. He is now less moody and discouraged, and again enjoys sports with his companions. I believe, unless proper treatment had been adopted, he would have become an imbecile.

Mr. B., age 34, a professor in one of the highest educational institutions in the state, suffered for several years from severe headaches, incapacitating him for all mental work for months at

a time. He had consulted many physicians, at home and abroad, but found no relief. On returning home last spring, he consulted one of our specialists in nervous diseases, who immediately referred him to an oculist. He came under my professional care, and I felt, after an examination, that his whole trouble was due to eye strain. I partly corrected the ametropia by glasses, and his headache commenced to be relieved from the first. After wearing these glasses for two months I changed them for those which corrected the whole amount of his ametropia, and to-day he is free from all headache, and has been for the past three months, and has resumed his work with increased enthusiasm.

There is no need of reporting further cases. Those referred to are but a few of the many coming under my care, and there is scarcely a day, but I have one or more just such cases. Thus far the result has been most gratifying. I trust as this trouble is more fully understood by the general practitioner, many cases of nervous disorders, now appearing incurable, can avail themselves of a method of treatment that promises so much.

*THE RADICAL TREATMENT OF HYPERTROPHY AND TUMORS
OF THE PROSTATE-GLAND BY ELECTROLYSIS.*

[Translated from the "*Berliner Klin. Wochensche*" by F. Pritchard and Albert Pick, Boston, Mass.]

The therapy of hypertrophy and tumors of the prostate has been up to date, with a few exceptions, palliative. Excluding a few single cases, the treatment has been confined to combatting the accompanying symptoms of the disease and its complications. Indeed, in a number of cases, symptomatic therapy is sufficient; on the other hand, it is known how much patients suffer from disease of the prostate. The catheter, which is nearly the only medium of relief, sometimes leaves one in the lurch; the fearful uræmic fever appears, the appetite of the patient disappears, the tongue becomes dry and leather-like; a purulent cystitis, defying every treatment, is generally the beginning of the end.

Now, in order that the disease may not terminate thus, or even progress as far as this state, many attempts have been made to strike at the root of the evil by performing a radical operation, removing the whole of the gland, or at least a portion of the enlarged gland. Even if Casper believes and trusts that the cutting and galvano-caustic operations on the prostate, with preceding median or high operation, will occupy a place in practice, still he considers it worth the trouble to bring forward a method of procedure less dangerous for reduction of the size of the prostate, which will not offer any after-lasting injury to the

urethra or rectum. Relying upon the experiences of a considerable number of surgeons, Casper hopes to have found the proper remedy in electrolysis. After he had first studied the question how the tissues destroyed by electrolysis became absorbed, by experiments on animals, and especially after he had proved by experiments the exclusion of an eventual embolism, he proceeded to experiment on man. The method of procedure which he used was as follows :—

The patient is placed upon the side ; upon the left side if one wishes to electrolyze the right lobe, and *vice versa*. One hundred grammes of a 0.1 per cent. solution of corr. subl. are injected into the rectum. Then the large dampened plate connected with the positive pole, is placed on the abdomen. Next the well-oiled finger is pushed into the anus, smoothing out some folds of the mucous membrane of the rectum and determining the point of puncture. Then the needle, lying closely on the under surface of the other finger, is introduced into the rectum up to the point of puncture ; it is pressed a little forward, and then, with one quick movement, it is passed into the prostate in the desired direction. That portion of the needle projecting out of the anus is connected with the negative pole of a 12-cell galvanic battery, and after joining it to a galvanometer, from two to twelve cells are connected with it gradually. The current is allowed to act five minutes, when the needle is drawn back a little, but not entirely out of the canal of puncture, in order to introduce the needle in another direction. The same is repeated after five minutes, so that each sitting lasts fifteen minutes ; so that by the same point of puncture, the needle is withdrawn a little and then passed in another direction, and the gland is electrolyzed in three different parts. The strength of the currents employed varied from 10 to 25 milliampères. The introduction of the needle causes but little pain, while the current itself, as soon as its strength is increased above 12 milliampères, causes a stitching pain and burning in the glans penis.

A few precautions and a little practice are necessary to introduce the needle properly, for the needle might be introduced in such a direction that it does not pass into the prostate at all, but glides along the rectum, so that the wall of the latter is injured. The electrolytic sittings are repeated twenty times or more, with the proper intervals, according to the patient's health.

As accessories in the treatment, the well-known methods of procedure are used. A catheter is used regularly to overcome the insufficiency of the bladder, and the number of times which the catheter is used increases with the quantity of urine

remaining in the bladder. Although in general Casper considers soft, flexible instruments to be preferred in catheterization in hypertrophy of the prostate, still he introduces, once a week, a stiff catheter of as large a caliber as possible, with the intention of keeping the opening through the prostate free, and to force that portion of the prostate which remained into the place of the destroyed portion. In vesical catarrh the bladder is washed out. At the same time the internal administration of disinfectants, such as salol, boracic acid, benzoic acid, etc., is recommended. In the acute and painful exacerbations produced by congestive conditions, hot sitz baths and narcotics are recommended as palliatives.

Casper has employed electrolysis in four cases of hypertrophy of the prostate with grave accompanying symptoms; in two of them the improvement was very marked, in one small, while the fourth was not influenced by the treatment. Casper concludes, from his experiences, that there is no serious danger connected with the operation, and that its advantages are that, in the three cases treated thus, the size of the gland was reduced, the amount of the residual urine was decreased, the frequency of urination became less, the pains had ceased, and the general state of the patient's health had improved.

GLEANINGS AND TRANSLATIONS.

I. PSYCHIC DISTURBANCES PRODUCED AND KEPT UP BY AURICULAR DISEASES. — Prof. V. Cozzolino, in a historical and critical composition on the relation between auricular diseases and auditory hallucinations, respecting psychic disturbances, comes to the following conclusions: —

1. Diseases of the internal ear are frequent in the insane, and, in the greater number of the cases, they have an important influence upon the origin of the auditory hallucinations.

2. In all insane persons with auditory hallucinations a careful examination of the organs of hearing is necessary. For, at least in some cases, by the removal of the ear disease, the cause of the psychosis may be removed and the patient be placed upon the road to recovery.—*Prof. Cozzolino, "La Pichatria, V. 285.*

II. TURPENTINE IN EPISTAXIS. — In a case of violent epistaxis, which was not to be stanchcd, and in which ice, ergotine and digitalis were of no avail, Ernyei, of Budapest, used tampons soaked in oil of turpentine, and had the pleasure to arrest

the hemorrhage in a few minutes, which had been recurring for eight days.—*Dr. Ernyei, Pester Presse, XIV., 1888.*

III. COCAIN IN BURNS. — Wendé has used in burns, with good results, a freshly prepared unguent of cocaine, 4 per cent., with lanoline. This preparation removes the pain and heals the wound very quickly. Another form of the salve is that in which linseed oil is added, rendering it softer and giving the same good results. — *Journ. de Méd. de Paris.*

IV. TREATMENT OF INGROWING TOE-NAIL. — A very simple method of treatment of ingrowing toe-nail is given by Patin in the *Gazette des Hôpitaux*. After cleaning and disinfecting the nail a solution of traumaticine, consisting of gutta-percha, 10 parts, and chloroform, 80 parts, is pencilled into the interstices between the nail and granulations. This is first done several times a day, and, later on, less often. By proper care of the foot the nail is gradually raised up from its bed, and it may be finally cut off painlessly by the shears. Traumaticine acts here as an anæsthetic through the chloroform, and mechanically through the gutta-percha, which penetrates between the nail and the granulations, lifting it from its bed. — *Gaz. des Hôpitaux.*

V. ANTISEPTIC COLLODION. — Collodion, 10.0; corr. subl., 0.01. — *Deutsche Med. Wochenschr., XLVI., 1888.*

VI. FOREIGN BODIES IN THE NOSE. — In the *Deutsche Med. Wochenschr.* a novel method is proposed to remove foreign bodies lodging in the nose. A rubber tube, 1 to 2 feet long, with an end of wood or rubber to fit into the nostril, only, is necessary. The end-piece is introduced into the side in which the foreign body is not; the physician places the other end in his mouth and blows sharply through the tube. If this does not cause the foreign body to fly out, the physician may hold the other nostril, too, and blow, compressing the air, and then, removing suddenly his hand, the foreign body is quite certain to fly out. This procedure is simple and does not injure the mucous membrane. — *Deutsche Med. Wochenschr., I., 1889.*

VII. CHLOROFORM-WATER AS A DRUG SOLVENT. — Unna recommends the use of chloroform-water as solvent of drugs used subcutaneously — of morphine, ergotine, Fowler's solution and all alkaloids. These latter especially, as they easily decompose. — *Dr. Unna, "Monatsschr. für Prakt. Dermatol., IX.," 1888.*

—[Translated by Alb. Pick and F. Prüchard.

CIGARETTE-SMOKING BY BOYS. — "The only serious harm that I have seen from smoking tobacco has been caused through the smoking of cigarettes by boys," is an observation made recently by a physician of large experience in this city. We occasionally

receive communications which confirm this opinion, and show that the habit of cigarette-smoking among boys is becoming more common and is working most pernicious effects. The rivalry among cigarette-makers is now so great that prizes are offered to those who smoke the most. Unfortunately, the prizes are usually of the cheap and gaudy character that appeals most to boyish tastes; and, in fact, it is affirmed that boys are the chief prize-winners. There should be some law or ordinance forbidding the sale of cigarettes to boys. As matters are going now, cigarette-making rivals the liquor-trade in its pernicious influence upon the rising generation.—*Medical Record.*

A VERIFICATION OF SILICEA.—Some months ago we had occasion to amputate two fingers for a man whose hand had been caught in machinery and severely lacerated. When first seen, the little finger was found cut entirely off, but the ring finger still hung by a shred of tissue, leaving the tendon of the flexor sublimis digitorum exposed and covered with rancid lubricating oil.

The injured part was carefully cleaned and soaked in a 1.002 bichloride solution, before and after amputation. Both fingers healed by first intention, but the septic machine oil had penetrated the sheath of the tendon above the site of the operation and set up a suppurative thesitis. This necessitated several openings in the palm, wrist, and forearm for evacuation of pus, and left a sinus deep in the palm, from the wrist to the base of the first phalanx of the ring finger.

This sinus proved the most obstinate which we have ever seen, resisting all means which surgery offers for those cases, except slitting it open, which procedure the patient persistently refused to allow. After the thing had discharged more or less profusely for almost three weeks, we suddenly recollected our homœopathic principles, and sent the man home with half a dozen powders of silica 3x, and no other treatment.

He returned after two days with the sinus perfectly and permanently healed.

This case appears of double interest; first, because of the incontrovertible action of a homœopathic remedy—which, in its crude state, has no drug action—in a surgical case which had resisted all ordinary surgical measures; second, because the remedy was used in the third decimal tituration, which preparation we have been taught to believe to be inert, because of insufficient subdivision of the silica to develop its potential energy or drug power.—*G. T. Moseley M. D., in Physical and Surgical Investigator.*

SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular monthly meeting was held at No. 5 Park street, Thursday evening, February 7, 1889, President James Hedenberg, M. D., in the chair.

The minutes of the last meeting were read and approved.

The censors having reported favorably, five new members were elected, viz.: Anna M. Chipman, M. D., Boston; Isabel G. Weston, M. D., Natick; Geo. H. Talbot, M. D., Newtonville; M. H. Clark, M. D., Auburndale; Clara D. Reed, M. D., Newton.

Two proposals for membership were made.

Dr. Packard then called the attention of the society to the movement for improving the Dispensary facilities connected with the Medical School, and expressed a wish that members would show their interest by attending the meeting to be held the following day, at which the subject would be discussed.

There being no further business, Dr. N. W. Emerson read a paper presenting "A Theory of Ovulation."

Dr. Emerson prefaced his reading by saying that at the time he began this paper he had never seen this theory advanced, but since writing it he had found an allusion to the same idea in the work on Obstetrics by Lusk and there attributed to Henle, but he had not been able to find the original article in the considerable amount of literature which he had examined.

Proceeding to his subject, the speaker said that during his stay in Munich last winter he had made many microscopical examinations of the ovaries and fallopian tubes. Here followed a brief description of the anatomical appearance, especial stress being laid upon the fact that columnar ciliated epithelium is found upon the fimbriæ, both externally and internally. One fimbria was invariably found attached to the ovary, usually at the lower angle.

A little attention was here given to the unsatisfactory explanations usually given of the migration of the ovum from the Graafian follicle to the Fallopian tube.

The next important feature of the theory was the gentle, waving motion of the cilia, always in the same direction toward the orifice of the tube, those on the outside tending to prevent the ovum from straying away from the central channel.

As menstruation approaches there is congestion of all the parts and the ovary becomes covered with a viscid fluid; a Graafian follicle becomes distended and ruptures thus freeing an ovum which is carried in this viscid stream, set in motion by the waving cilia, along the attached fimbria into the tube, and thus to the uterus.

This is but a brief review of the paper which presented the subject clearly and gave evidence of much personal investigation on the part of the writer.

At the conclusion Dr. Emerson invited free criticism on all points connected with the subject.

Dr. Phillips in referring to a statement made by Dr. Emerson, said he did not see why the formation of a so-called true corpus luteum should depend upon impregnation taking place in the ovary.

Dr. Packard—If the current that has been mentioned be strong enough to carry the ova along, how is it that micro-organisms (to say nothing of the spermatozoa) withstand its force as they pass from the uterus outward, in such diseases as puerperal fever?

The old idea that, at the time of ovulation, the fimbriated extremity shows almost intelligence in its manner of receiving the ovum, is no more wonderful than, for instance, the action of the salivary glands at even the thought of food.

Dr. S. E. Sherman—It seems hardly fair to mention the passage of micro-organisms, as there is necessarily a diseased condition destroying normal functions.

Dr. Emerson—I suppose I must defend "my child."

There is a very slow, gentle current, even at its most marked period during the menstrual epoch; the spermatozoa have a motion of their own and micro-organisms go in crowds, entirely changing the normal state of affairs.

As to the question of the corpus luteum, after microscopical examination of six hundred (600) specimens, there seems to me to be no *absolute* distinction between the corpus luteum of the impregnated and that of the unimpregnated ovum.

Dr. Hedenberg cited a case in which evidence turned upon the appearance of the corpus luteum.

Dr. Packard had never been able to find the viscid fluid described.

Dr. W. S. Smith had always found in his demonstrations at the College, that one fimbria was attached to the ovary usually at the lower extremity.

Dr. Phillips here introduced a new train of thought by the query whether anything were certainly known of the relation of menstruation to ovulation. He doubted if menstruation depended upon ovulation.

Dr. Boothby—In relation to cases of removal of the ovaries, I have not had any in which regular menstruation has continued.

Dr. Packard—At first I used to assure my patients that menstruation would not recur after removal of the ovaries, but I do not, for obvious reasons, make such assurance now. Patients often report comparatively regular menstruation.

Dr. Emerson thought, from analagous reasoning, that ovulation and menstruation must be associated.

Dr. Austin and Dr. Gary reported cases in which conception had taken place in the absence of any menstrual discharge.

The question was raised whether the same menstrual conditions exist among uncivilized as among civilized people, and Dr. Morris stated that among the savage Zulus the functions are the same.

The meeting adjourned at 10 P. M.

S. S. WINDSOR, M. D., Secretary.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Quarterly meeting of this society was held Wednesday, Feb. 13, at 13 Mechanic street, Worcester, the President, Dr. E. L. Mellus, in the chair.

The minutes of the last meeting were read and approved.

After a favorable report by the censors, Dr. Carl Crisand, of Worcester, was unanimously elected a member of the society.

The name of Dr. C. T. Sargent, of Webster, was reported for membership and referred to the Board of Censors.

Dr. George S. Adams, of Westboro, read a paper upon the "Mental Symptoms of *Nitric Acid*," detailing the results of using the 2x. dilution in twenty-eight selected cases, eighteen of which were much of the time excited, abusive and violent; the other ten quiet and demented. Some of the eighteen excitable patients appear better and more quiet than before taking the medicine. These patients have been taking the medicine only six weeks—too short a time to judge accurately of the results, the doctor believing that a trial of at least three months is necessary.

The doctor reported one case of a woman about twenty years of age, with bad history of intemperance, admitted to the hospital in January, 1888. The patient was in poor physical condition, of syphilitic history, was restless, and very destructive of clothing, and talked continuously and incoherently. She slept little or none, and became much excited when any one came near her, and used much profane and vulgar language. *Bell.*, *Stram.*, *Hyos.* and *Merc.* were used without any improvement. Finally *nitric acid* was selected as covering the mental symptoms as well as the cachexia, the 2x dilution being used, and under this she completely recovered. For two months previous to her discharge from the hospital she seemed perfectly well, and when last heard from was still mentally well.

The doctor considered that the mental symptoms calling for *nit. ac.* are extreme restlessness and irritability, with great tendency to curse and swear.

The remainder of the meeting was devoted to a general discussion of clinical cases.

At 4 P. M. the meeting adjourned.

E. D. FITCH, M. D., *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

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THERAPEUTIC METHODS. By Jabez P. Dake, A. M., M. D. College Edition. Boston: Otis Clapp & Son, 1889. 195 pp.

We rejoice to note that the second edition of Dr. Dake's unique and classic work, now before us, is to be known as the "College Edition," being presented in a form and at a price to place it "within the reach of every student and practitioner." It is a work which neither student nor practitioner can afford to be without, though through its possession and close study he can afford to be without many books of far greater bulk and pretentiousness. Except in form, the work is unchanged from its earlier edition, Dr. Dake, in his preface, with characteristic and delightful candor, remarking that "I have carefully gone over the entire text in the light of the numerous notices of the work written by reviewers, and am unable to see sufficient occasion for any changes, save in the correction of a very few typographical errors." In this conclusion most of Dr. Dake's reviewers will cordially agree with him. The book is inimitable and admirable, and, we trust, will pass from edition to edition onward to enduring fame and usefulness.

TRANSACTIONS OF THE TWENTY-FOURTH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Philadelphia, 1889.

These transactions, as is always the case with those of this energetic society, contain many papers both novel and practical. The greatest number of papers offered by any single bureau are those reported by the Bureau of Clinical Medicine. It contains two papers of noteworthy courage: "Some General Remarks on Blood-Letting," by Dr. G. Maxwell Christine, and "Unsuccessful Clinical Experience," by Dr. Z. T. Miller; and also two which we should be irreverently moved to classify under the Dime Museum heading of "Freaks and Curiosities," viz., "Sulphur, 55m.," and the "Results of One Dose of Calc. Carb., 50.000."

TEXT-BOOK OF MEDICAL JURISPRUDENCE AND TOXICOLOGY. By John J. Reese, M. D. Second Edition. Philadelphia: P. Blakiston, Son & Co., 1889. 646 pp.

Any physician who notes in the daily press the records of the

frequent calls, in cases both civil and criminal, for expert medical testimony, must realize how important to the every-day practitioner is an outline knowledge, at least, of medical jurisprudence. On this subject Dr. Reese's book, of which the volume before us is a second edition, is already a recognized and standard authority. It is both concise and exhaustive, in form well adapted for quick reference, and written in a pleasant and readable though always dignified style. The principal additions to the present edition have been made to the chapters on "Blood Stains," "Suffocation," "Ptomaines" and "Malpractice." It is a work with whose contents every physician should familiarize himself.

A CLINICAL ATLAS OF VENEREAL AND SKIN DISEASES. By Robert W. Taylor, A. M., M. D. Philadelphia: Lea Brothers & Co., 1889.

Parts III. and IV. of this notable work, now before us, fully justify the anticipations based upon the first two parts published less than six months ago.

Part III. consists of thirty pages of text, and presents seven plates with thirty-three figures, and seven woodcuts. The subjects treated are rupial, bullous, gummatous, tubercular, ulcerative, and pigmentary syphilides, hereditary syphilis and its many manifestations, and the fascicle concludes with the treatment of syphilis. In this last connection it is stated that, "among the vast number of remedies which have been vaunted in the cure of syphilis, mercury in the early stages and in compound form for later stages, is the only one which has stood the test of time." Its good effect is ascribed to its "catalytic action." The advice is given to begin "systemic and systematic" treatment when the disease is ripe, *i. e.*, on the appearance of secondary manifestations. Treatment of the initial lesion is not especially urged, except under certain given circumstances. "Expectant" treatment is discountenanced. Inunction of mercury is favorably considered. Hypodermic injections are considered of utility, but "can never be used as a routine treatment."

Part IV. consists of seventy-two pages of reading matter, with twelve illustrations, besides eight plates with twelve figures. After a short and practical introduction to the general subject (non-veneral diseases of the skin), special attention is given to defining the primary and secondary lesions occurring as objective symptoms, after which are considered, in order, Erythema, Eczema, Acne, Psoriasis and Favus. It offers interesting expert testimony that the idea of metastasis following the rapid drying

up of eczema is not only old but exploded. The notion, also, that an Eczema is "a good thing" for a child, is sternly decried. The general and special excellence of the work as a whole is, by the completion of half of it, fully assured. The press-work, both in text and illustration, may fairly be called magnificent.

The first number of the JOURNAL OF OPHTHALMOLOGY, OTOL-
OGY AND LARYNGOLOGY, the new quarterly published by Messrs.
A. L. Chatterton & Co., of New York, is now before us. It is a
handsome and well gotten up periodical, with a noteworthy
number of original and valuable contributions by Drs. Hough-
ton, Angell, Winslow, Moffat, and many other well-known writ-
ers. It is ably edited by Drs. Geo. S. Norton and Chas. Deady.
The new quarterly has the GAZETTE'S warmest greetings and
assurances of fraternal good-will.

Volumes II. and III. of ALDEN'S MANIFOLD CYCLOPÆDIA OF
KNOWLEDGE AND LANGUAGE are now before us. We have already
commented favorably on the publisher's enterprise, which offers
a comprehensive cyclopædia on such exceedingly moderate
terms as 50 cents per cloth-bound volume. Vol. II. goes from
Amer. Brit. to *Artemis*. Vol. III. from *Artemesia* to *Baptisia*.
The articles are brief, but well written, giving much useful
information in condensed form. The type is exceedingly clear,
and the illustrations really illustrate.

The February CENTURY continues the "Life of Lincoln"
through the stirring period of the civil war that was marked by
McClellan's removal. Geo. Cable concludes his "strange, true"
story of the pretty chronicles of Françoise. The "Story of Dollard"
comes magnificently to an end, "with sounds as of far-off music
and a glory as of resurrection." Geo. Jessop, in "Under the
Redwood Tree," gives by far the most powerful of his series of
Irish-American tales. The other numbers of the table of con-
tents are quite worthy to keep such good company. New York :
The Century Company.

THE POPULAR SCIENCE MONTHLY for February appeals to
physicians with several interesting articles, among them Dr.
Andrew White's "Demoniacal Possession and Insanity," Dr.
Crother's "New Facts in Alcoholic Heredity," and Dr. Riley's
"Causes of Variation." New York : D. Appleton & Co.

Messrs. J. B. Lippincott Company announce to the profession
the publication of a "CYCLOPÆDIA OF THE DISEASES OF CHIL-
DREN," medical and surgical, by American, British and Canadian

authors, edited by John M. Keating, M. D., in four imperial octavo volumes, to be sold by subscription only. The first volume will be issued early in April, and the subsequent volumes at short intervals.

A thorough knowledge of the diseases of children is a matter of the greatest importance to most physicians, and, as this is the only work of the kind that has been published in English, and judging from the list of eminent names which appear as contributors, it will be very valuable as a text-book and work of reference for the busy practitioner.

VICK'S FLORAL GUIDE may be called a literary crocus, so promptly does it herald each new spring. This year its colored illustrations show geraniums of a color to tempt any invalid into floricultural experiments, and melons of a size and succulence to promptly reduce any small boy to the need of medical assistance. Rochester: James Vick.

BALLAD OF THE SERVICES (1887).

And so in toil, yet not in weariness, they pursue their way, sowing seed of which they reckon not whether they shall reap any fruit, content because they are in the path of duty; blest if only they see or think that they minister to the welfare of their fellow-map.—*Sir James Paget.*

Poets sing of battle's splendor, how their heroes fought and died
For their country, for their freedom, in their youth and manly pride.

Homers chanted deeds of glory, and undying haloes flung
Round the gods and men of Hellas, when the world was fresh and young.

Deeds since then of fame and prowess, brightening many a battle-field;
Noble hearts like Spartan victors, fighting sank upon their shield.

But the heroes, few remember when the laurel wreaths are given,
Have in noble duties perished, or in purer pathways striven.

Who, in sickness and in sorrow, cheered the soldier on his way,
O'er the burning sands of Egypt, in the tropics day by day?

When the scorching sunlight smote him, when the fever racked his brain,
Who then eased the throbbing temples, cooled his lips, relieved his pain?

When his life-blood quick was gushing, and the spirit near its flight,
Who then stopped the precious fountain, changing darkness into light?

Ah! my brothers, scant the glory we for toil and labor reap;
Yet we'll onward, brave and fearless; let our records angels keep.

In the battle-smoke and thunder, facing death with dauntless breast,
Striving in thy sphere and duty, take thy glory—or thy rest.

Townataskim, British Medical Journal.

A LAWYER TO THE JURY. — "Here we have a physician—a man who, from his high and noble calling, should be regarded as one who would scorn to stain his soul with perjury. But what did he testify, gentlemen? I put the question to him plainly, "Where was this man stabbed? And what was his reply? Unblushingly he replied that the man was stabbed about an inch to the left of the median line; and yet we have proved by three unimpeachable witnesses that he was stabbed just below the Oil Mills."—*Medical Register.*

PERSONAL AND NEWS ITEMS.

DR. C. S. COLLINS, class of '75, B. U. S. of M., has been made president of the Londonderry Lithia Water Company. He says "it is a blooming success"

DR. I. C. DUNCAN has severed his connection with the firm of Duncan Bros.' and now publishes his own works. His leisure is devoted to financial matters, He is connected with a bank and is president of several building associations.

A SUBSCRIBER to the NEW ENGLAND MEDICAL GAZETTE wishes to complete a set from its first publication, and lacks the entire first year; also, August, 1867, and June and July, 1868. Any one who can supply these numbers, will confer a great favor by communicating with the publishers, Otis Clapp & Son, 10 Park Square, Boston.

A NEW HEAD BAND.—Among the recent inventions, interesting to our readers, we notice the advent of a new and ingenious Head Band for surgical head mirrors. The specialist in actual practice to whom the use of a head mirror is of daily occurrence, has doubtless experienced the inconvenience of wearing old fashioned head bands, which fit the forehead about as comfortably as a shoe would. Mr. Sardy, of Sardy, Coles & Co., the well known importing house, has devised an ingenious head band, so contrived as to fold over the mirror and not only protect it from breaking, but at the same time form a combination of head mirror and case in the most compact and convenient shape. The head band opens in such a way that when attached to the forehead it actually fits, being adjustable to the shape of the head, and consequently remains in place without annoyance or discomfort.—*Medical Register*.

DR. SAMUEL L. EATON, formerly of Orange, New Jersey, has located at Newton Highlands.

TYPHOID FEVER has, upon the whole, diminished both relatively and absolutely. In 1886 the percentage of deaths from typhoid fever to deaths from all causes was 2.15; in the year of greatest prevalence, within a period of twenty years—1872—the percentage of deaths from typhoid to deaths from all causes was 4.86, and the death-rate per 10,000 living was 11.1. The diminution in the death-rate from this disease has been especially marked in cities with new water-supplies and good systems of sewers. The death-rate from this cause is substantially unchanged in the small country-towns. The death-rates from typhoid fever per 10,000 living, in census years 1865-1885, have been for the State: 1865, 13.4; 1870, 9.1; 1875, 6.4; 1880, 4.9; 1885, 3.9.—*Dr. Henry P. Walcott in Medical Record*.

A CORRECT DIAGNOSIS.—Young Physician (inspecting citizen on the floor at the police station): "This man's condition is not due to drink. He has been drugged."

Officer McGinnis: "You're right. I drug him all the way from Cassey's saloon, two blocks down the sthrate.—*Life*."

FILLED WITH WOE.—Mistress: "Well Bridget, did you see the dentist?"

Biddy O'Galway: "Yis, ma'am."

Mistress: "Did he pull your tooth?"

Biddy O'Galway: "Sure, ma'am, he didn't lay a han' to it to pull it at all. He scooped it out wid a wee hoe, and thin he druv it in to stay feriver—wid a plug on the top o' it to kape it tight. I'll niver be caught doin' the likes ag'n, ma'am. What with him upsettin' the sate he put me in, an' tying a dirty bit av an old gum shoe in me mouth fer a bib, an' makin' a noise the size of a coffee-mill in my head, I'd laver walk the flure an' scrame."—*Medical Register*.

HOW TO BE HEALTHY.—All that one has to do to maintain perfect health is to carry a buck-eye and a potato in the pocket, wear a lung-pad, a couple of porous plasters and a magnetic belt; go to bed at 9 o'clock every night and get up at 6 in the morning, taking a cold-water bath, and walking seven miles every day before breakfast; abstain from the use of tobacco, tea, coffee, all manner of intoxicants, and rich food of every description. By obeying the above simple rules, your life may be made one continual round of giddy health.—*Texas Siftings*.

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EDITORIAL.

—
"FIRST FRUITS."

THE GAZETTE is not, we feel sure our readers will bear us out in saying, unduly given to "performance on wind instruments" in its own honor and glorification. But we cannot refrain from a word of honest self-congratulation in being privileged to present to our readers, in our present issue, the first fruits of the effort toward a scientific, well-sifted and reliable materia medica, whose matured plan had its first wide public hearing a few months ago through our pages. Such testimony as the communications grouped under the heading quoted above, and signed with names known and honored wherever homœopathy is known and honored, proves at least two things in whose proving we cannot but deeply rejoice. First, that the need of radical and thorough reform in our materia medica, as it now stands, is not the fad of a few, but a consciousness and confession of the many: not a thing confined to a local society or a single city, but a thing deeply felt and acknowledged in whatever widely-separated parts of the world earnest homœopathists are endeavoring to establish their beloved art on a worthy and abiding basis. And secondly, that so many logical and representative thinkers so immediately see in a plan which has cost much work and experiment, and come to its maturity with honest slowness and deliberation, a working basis, at least, on which the most sorely needed reform in the world of homœopathy may make a fair beginning. We see in this good hope that the "comparative" or "chart" system both of analyzing and sifting old provings, and of conducting and testing new ones, will grow in favor as

its claims are considered, and above all as its merits are tested by candid experiment. It does not claim for itself infallibility or perfection : but it does claim that none of its defects have as yet been proved to be vital ones. The chief of these defects, — a sin of omission — is, as will be seen, pointed out by nearly all our friendly correspondents. It is that by this plan of analysis we risk the loss of many subjective and “contingent” symptoms, a few of which at least may be of genuine value. We have already pointed out that symptoms, if coherent and apparently significant, though furnished by a single prover only, need not necessarily be relegated to the waste-basket because not immediately accepted as reliable. Nothing could be simpler than the keeping of what may be called “probationary” lists of symptoms — lists headed by a conspicuous interrogation point, and looked upon as merely suburban to the territory of a well-established *materia medica*. In some future provings or group of provings, certain of these symptoms may be shown congruent, though exceptional, and a few such instances, at however widely varying periods of time, might give such symptoms claim to leave the probationary for the accepted list. It is only a question of a little more time and a little more caution. A symptom not found congruent in a first group of provings, may be found so in a second or a tenth group. Our only claim is that, until found congruent, its place is outside our working *materia medica*. We are sufficiently materialistic, and we unblushingly confess it, to be inclined, when a symptom appears but once in say a hundred provings, to attribute that symptom not to the physical sensitiveness but to the uncommon imagination of the prover.

First, a rule ; then, exceptions ; such is the inevitable order of all logical study and the aim of all scientific research. The glaring fault of our *materia medica*, as hitherto built up, is that it has been largely a chaotic bundle of exceptions. It is the fashion in which a given drug affects the “average man” that we need first of all to study. Shylock teaches us that men, including Jews, have much in common : “If we tickle them, do they not laugh? If we prick them, do they not bleed? If we poison them, do they not die?” And we may add, if we administer chloroform, do they not lose consciousness ; or calomel, do

they not purge? It is these large, general, all but universal effects—the well-named “absolute” effects of all drugs, old or new—that we would have first of all. It is these absolute effects the chart system of analysis will infallibly give us. A beginning has been made. Shall the work continue? That is for the profession to say. Is there any fitter work, more practical, more immediately useful, than for each local society, each provers’ club, to prepare one such chart? The GAZETTE with warmest cordiality opens its pages to their summaries and results. In answer to such questions as those asked by Dr. Moffat, it may be said that the choice of drugs to be studied is absolutely an open one. The provings of any single drug could not be too often examined in the interests of accuracy. Every fresh examination is a step toward infallibility. Meantime, the GAZETTE earnestly invites further correspondence and comment.

EDITORIAL NOTES AND COMMENTS.

A NOTEWORTHY CONTRIBUTION to the medical in general literature,—an element, by the way, which has found marked and able presentation within the last few years,—is found in the first fifty pages or so of a volume of verse by the young Scotch poet, Mr. Wm. E. Henley. These pages, grouped under the general heading “In Hospital,” reflect with amazing sensitiveness and vividness, the author’s recollections of his sojourn in “The Old Infirmary, Edinburgh,” where he apparently underwent some operation on the leg or foot, the nature of which is not definitely indicated. Few things could be more interesting to the physician, and especially the hospital physician, than such an illuminated glimpse into the mind, the heart, the impressions and the sensations of a typical hospital patient. It opens up to him, for a moment, that most fascinating of all sights, the unfamiliar side of a closely familiar experience; an every-day happening seen from a quite new standpoint and through quite other eyes. And the series of short poems—each as sharp as defined and as full as a tiny canvas of Corot,—hold not only interest for the physician, but helpful instruction and suggestion as well. No physician of broad and sensitive mind can rise from

even a cursory reading of them without feeling himself touched to a closer sympathy with, a keener comprehension than ever before of, the poor souls whom he too often, with professional conventionality, is wont to think of merely as "cases" more or less interesting. It is obviously impossible to give even extended quotation from these most interesting verses; but a cursory survey of them, at least, is something we can deny neither our readers nor ourselves. The opening one gives the patient's entrance to the hospital—the building,—

" gray, quiet, old,
Where life and death, like friendly chafferers meet,"

and where, as he tells us,

" On I crawl, and still my spirits fail :
A tragic meanness seems so to environ
These corridors and stairs of stone and iron ;
Cold, naked, clean ! "

"Tragic meanness!" Could any phrase more perfectly catch the sad commonplace of a great public hospital? We follow him through the waiting-room,—apparently used for dispensary work :—a place

" Drab to the soul, drab to the very daylight,
Plasters astray in unnatural-looking tinware ;
Scissors and lint and apothecaries' jars — "

where, as

" A poor old tramp explains his poor old ulcers ;
Life is — I think, — a blunder and a shame."

After a few days in the hospital ward comes the day of the operation; and while the poor fellow lies waiting for the porters to carry him to the amphitheatre, he muses in this wise :—

" Behold me waiting,— waiting for the knife.
A little while, and at a leap I storm
The thick, sweet mystery of chloroform,
The drunken dark, the little death-in-life.
The gods are good to me : I have no wife,
No innocent child to think of as I near
The fateful minute: nothing all too dear
Unmans me for my bout of passive strife ;
Yet I am tremulous and a trifle sick,
And, face to face with chance, I shrink a little.
My hopes are strong ; my will is something weak " —

The operation is successful, but convalescence is slow. Dur-

ing the weary days and nights he fills his leisure with observations of all the happenings in the ward of an old-fashioned hospital; the routine work of nurse and doctor; the tales of past adventure, told from bed to bed in the intervals of pain; the suicide who, tired with the "black riddle of life" —

. . . "Plunged for a solution;
And, although his knife was edgeless,
He was sinking fast toward one
When they came and found and saved him" —

The New Year's eve, when the poor, jolly, old scrub-woman, inspired by the holiday posset of which she has imbibed a trifle over-freely, favors the patients with a jig, accompanied by one of their number on a penny whistle; the sickening "casualty case," who

"Had fallen from an engine,
And been dragged along the metals;
It was hopeless, and they knew it;
So they covered him and left him."

All these things and many more, photograph themselves on the sensitive brain, and are reproduced with a marvellous and often cruel fidelity. To study them is, as has been already said, a revelation to the physician and a liberal education to his sympathies. Times and manners change in the medical world as elsewhere, and the "Old Edinboro' Infirmary" has happily ceased to be a type of the modern far more humane and home-like hospital; but certain grim facts and situations never greatly change; and it is quite invaluable to the physician to whom, from his own standpoint, these facts and situations are so familiar, to be thus privileged to study them from the patient's point of view. We distinctly resent the fact that we must leave so much unquoted; for instance, the inimitable picture of the "Staff Nurse—Old Style;" but we must at least give its concluding lines:

"These thirty years she has been nursing here,
Some of them under Syme, her hero still.
Much is she worth, and even more is made of her;
Patients and students hold her very dear.
The doctors love her, tease her, use her skill.
They say 'The Chief' himself is half afraid of her!"

There is, by the way, a very noble picture of the "Chief" in Mr. Henley's gallery ; the ideal senior surgeon, whose

" Wise, rare smile is sweet with certainties,
And seems in all his patients to compel
Such love and faith as failure could not quell.
We hold him for another Hercules,
Battling with custom, prejudice, disease,
As erst the son of Zeus, with death and hell."

One more quotation and we have done ; and have, we trust, accomplished our object of persuading our readers to speedily possess themselves of this little book and profit by its insight. Here, then, is a perfect glimpse, from the patient's standpoint, of the "Chief's" morning round : —

" Hist !
Through the corridor's echoes,
Louder and nearer,
Comes a great shuffling of feet.
Quick, every one of you,
Straighten your quilts and be decent !
Here comes the Professor !

In he comes first,
With the bright look that we know ;
From the broad, white brows, the kind eyes
Soothing yet nerving you. Here at his elbow,
White capped, white aproned, the nurse —
.
.
.
Here in the ruck, anyhow,
Surging along,
Louts, duffers, exquisites, students and prigs,
Whiskers and foreheads, scarf-pins and spectacles,
Hustle the class.
.
.
.
A voice,
Gravely and weightily fluent,
Sounds, and then ceases ; and suddenly,
(Look at the stress of the shoulders !)
Out of a quiver of silence,
Comes a low cry :
.
.
.
and the master
Moves from the crowd, and goes,
Wiping his hands,
To the next bed, with his pupils
Flocking and whispering behind him."

A REDUCTIO AD ABSURDUM of a very logical and very instructive sort, is found in the following item which lately appeared

in the *Boston Medical and Surgical Journal*, its quotation in whose columns not being, we fear, prompted by a spirit of brotherly love :

"Mrs. Eddy, of Christian Science notoriety, recently lectured in New York. She said, among other things, as reported :— 'I have found by actual experiment that as the drug is attenuated its power is increased, until, when the drug is all gone and there is only mind, its greatest efficacy is reached.' "

Nothing could be clearer or more inevitable, so to speak. And we should take much pleasure in hearing what flaws our brethren of the I. H. A. could pick in Mrs. Eddy's arguments, or on what ground dispute her conclusions. Her position is certainly theirs ; it is only her short last step they have hitherto refused to take. Intangible, dematerialized substance is, in their theory, more curative than honest, demonstrable substance. Then why not justly expect the most curative results of all, when substance is wholly and frankly cast aside, and "mind" kept as sole reliance? What just cause and impediment can the gentlemen of the I. H. A. show why high-potency doctrine and the mind-cure should not henceforth be recognized as one? Not one argument, so far as our materialistic vision reaches, can they advance which Mrs Eddy cannot promptly parallel. Do they appeal to the "clinical test"? So does she. Can they point to worshipping patients? So can she. Do they boast the great incomes accruing to them from practice according to their theory? We fancy that few of them, in the last decade, can show receipts which match with hers, within a cipher or two. And the sort of logic adduced by them in defence of their practice is quite as acceptable to a reasoning mind as that adduced by Mrs. Eddy—and no more so.

YET ANOTHER TRIUMPH FOR HOMŒOPATHY is chronicled in a recent communication to the *GAZETTE* from Messrs. Albert Pick and F. Pritchard, the able translators to whom we and our readers are so frequently indebted for news of medical progress across the sea. We take the greatest pleasure in giving editorial space to the communication referred to, and are sure our readers will join us in congratulations to homœopathy on so distinct and signal a gain in the country where it has from its birth struggled against the heaviest odds :—

"The government of Wurtemberg, incited by the petitions of the Homœopathic State Society 'Hahnemannia,' took a position favorable towards homœopathy. The minister, Schmidt, declared that this method of treating disease was worthy of a place in the state economy as well as in the University. Furthermore, he ordered that the candidates for positions as head physicians under the government (*Physikatsexamen*) should be examined in their knowledge of homœopathy. A committee of the State Medical Society of Wurtemberg (allopathic) petitioned the government that it should not sanction this decision, as the so-called homœopathic method of treatment has no claim to science. The government, however, did not grant this petition, but confirmed the original orders, which then entered into force.

This is, as far as we know, the first and only state and state university on the continent of Europe, in which homœopathy is officially sanctioned and regarded as being worthy of a place in the state economy, as well as in the University.

Perhaps this also may serve as a contradiction to the pet statement of its adversaries, that homœopathy has long been dead in the country of its birth."

COMMUNICATIONS.

FIRST FRUITS.

COMMUNICATIONS FROM AUTHORITATIVE SOURCES ON THE "CRITICAL ANALYSIS OF DRUG PROVINGS."

I.

Dr. Alfred C. Pope in "Homœopathic Review." From Advance Sheets.

Various plans for studying the *Materia Medica* have been proposed. They have, however, one and all proceeded on the assumption that every symptom recorded as the result of taking a given drug is, as a matter of fact, a drug effect. This state of child-like confidence in the capacity of every prover to be an accurate as well as a conscientious observer has received many a rude shake during the last twenty or thirty years. There are still some, indeed, who are quite satisfied with the knowledge that a symptom is inserted in a proving, and just as satisfied with its authenticity as was the Yorkshireman with his authority for a certain statement, who, when questioned as to his reason for believing so-and-so, said, "Oi seed it i' t'pappers." He believed in the universal accuracy of newspaper editors just as fully as some of our brethren do in that of provers. Since, however, our time has been less occupied than once it was with polemical discussions, the period of rigid criticism of our drug provings has set in and may be said now to be in full swing.

The last and most striking illustration of this critical spirit comes to us, appropriately enough, from the University of Boston. Dr. Conrad Wesselhœft, the Professor of Pathology and Therapeutics, and Dr. Sutherland, the Lecturer on Anatomy, having been appointed a committee on *Materia Medica* by the

Massachusetts Homœopathic Medical Society, have presented a report containing very valuable suggestions for a thorough re-examination of the pathogeneses of drugs, and have accompanied that report by three excellent illustrations of their method of proceeding, while they promise further instalments of the same during the year. The report and illustrative charts appear in THE NEW-ENGLAND MEDICAL GAZETTE for December of last year and January of this.

The practical question asked, and to be answered before a series of provings is accepted as a thoroughly reliable representation of the pathogenesis of a drug, is this: How many of these separate provings produce similar symptoms in each prover? The greater the number of similar symptoms arising in several provers, the greater is the trustworthiness of those symptoms. They lay down this rule: "Certain causes acting under like conditions always produce the same effects; and, hence, conversely, if we are seeking for causes, the rule will be that widely varying effects are not to be attributed to the same cause." Commenting upon this they add, "A proving properly made—that is, a carefully conducted test under methods which avoid error by varying the experiment—will invariably exhibit the same result upon repetition; if with each experiment by different provers the result *varies*, it cannot be attributed to the drug taken."

This is the basis of the whole scheme. It is carried out in the following plan:—

1. Read through the whole of a proving in *The Cyclopædia of Drug Pathogenesis*.

2. Copy, on narrow strips of paper less than three inches wide, the record of each prover there given,

3. In such a manner as to arrange the symptoms in order according to the parts of the body, head, throat, stomach, etc. This is for comparison.

4. Having done so, place the strips side by side so as to bring the parts to be compared in a line, and then pass judgment as to whether they agree in the different provings or not.

5. If we find that the head symptoms of provers A, B, C and D do agree, we should consider them valid, though E might vary slightly.

6. If they should all be different, vague and uncertain as to pathological meaning and expression—for instance, if those who record head symptoms all differ, while others record no such symptoms—the whole should be excluded, *i.e.*, designated as valueless, because uncertain.

Charts displaying the provings of *cactus*, *hyoscyamus* and *iodine*, prepared in this way, were exhibited at the meeting of the Society when the committee presented their report.

"The results obtained by each prover were placed in separate columns, so that the different provings occupy parallel columns. In these columns the convenient order of the parts of the body from the head downward has been adopted; so that, reading from left to right, you may see at a glance the result obtained by each prover. You will see at a glance whether each prover had a fair number of effects, or whether all the effects embodied in the *Materia Medica* were claimed by one prover only, while eight or nine others got no effects; whether the effects are pretty evenly distributed; and, above all, whether the effects coincide with the different provers or whether they are widely different in sense and meaning."

This chart is prepared by pasting on to a sheet of paper or linen a series of columns, each devoted to a proving. The columns are divided into the usual anatomical regions of the *Schema*. The longest proving occupies the first column. Then the symptoms of each proving relating, we will say, to the stomach, are cut out of each and pasted on to the sheet so as to be parallel with the stomach symptoms in the first column.

Here we have the advantage not only of a *Schema*, but of a critical *Schema*—one which enables us to appraise the value of an alleged symptom.

These charts are published with the *GAZETTE* for December and January. For various reasons it is impossible for us to reprint them here, but we do most earnestly advise every one who desires to study the *Materia Medica* thoroughly to procure these two numbers of the *GAZETTE* (Otis Clapp & Son, of Boston, are the publishers), and to go to work in preparing drug records upon the plan there described and illustrated. Its simplicity, and the facility with which it may be carried out, will be much more easily grasped when seen, than by any mere account of it which we can give.

By such a plan of study, a better view of the real character of a pathogenesis can be obtained than by any other hitherto proposed. Still it has one drawback, and this we fear is inevitable—it entirely obliterates that suggestive class of symptoms described by Dr. Drysdale as the "contingent." The effects which are more or less constant are the "absolute;" those which occur in only very susceptible people are the contingent; and as susceptible people are comparatively rare, these very suggestive contingent symptoms are rare—symptoms which often enable us to successfully prefer one of two medicines, whose absolute effects are closely alike, to the other. Nevertheless the plan of Professor Wesselhœft and Dr. Sutherland is one which, before any other, enables us to obtain an accurate knowledge of the absolute effects of a drug. And it is with these that we

ought all to be especially familiar. Will not some one prepare such a chart, with a commentary on its revelations, for the Congress in September? There is ample time for such a paper to be got ready. Any one who will undertake such a useful piece of work—useful to himself as well as to others—should send timely notice of his intention to the General Secretary, 29 Seymour Street, Portman Square, W.

II.

DR. EDWIN M. HALE.

69 E. 22ND STREET,
CHICAGO, ILL., Feb. 9, 1889. }

EDITOR NEW-ENGLAND MEDICAL GAZETTE:

Dear Sir—I am in receipt of your favor of the 4th relating to the "Critical Analysis of Drug Provings."

I have examined the charts of Hyoscyamus, Cactus and Iodine, and it appears to me that the general principle which underlies this method is correct. It cannot be denied that the "Congruent Symptoms," observed by the several provers, are of the most importance. Those symptoms must always constitute the leading indications for the use of the drug. But we must not always adhere to the language of the provers, for not all use the same language to describe a similar symptom or sensation; *e.g.*, ten out of twelve provers may say they have a "throbbing and fullness in the head." The other two may say "a pressure and heaviness in the head." All really mean the same.

I have also observed that one of a group of provers will have a peculiar symptom every time he or she takes the drug, while the rest of the group do not have this symptom. Now this is due to some personal idiosyncrasy, yet is of value, and should not be discarded.

But on the whole I approve of the plan of studying our *Materia Medica*. I think *objective* symptoms should be included, if they are congruous.

By the method illustrated in your charts, by yourself and Dr. Wesselhoeft, a *Materia Medica* could be built up, condensed, and made practical to all but the most bigoted followers of the method of symptom-hunting. A vast mass of worthless rubbish in the provings could be got rid of, and we should have a *Materia Medica* with a scientific basis.

Very sincerely yours, etc.,

E. M. HALE.

III.

DR. JOHN W. HAYWARD.

117 GROVE STREET,
LIVERPOOL, Feb 22, 1889. }

EDITOR NEW-ENGLAND MEDICAL GAZETTE :

Dear Sir—Thanks for your letter, and the copies of the NEW-ENGLAND MEDICAL GAZETTE. They gave me an excuse for laying the matter before our local society—The Liverpool Hom. Medico-Chirurgical—now 23 years old—again at its meeting last evening.

In consequence of taking regularly the NEW-ENGLAND MEDICAL GAZETTE and being favored regularly with a copy of the "Transactions at the American Ins. Hom., I had already read and been delighted with the reports of the committee on *Materia Medica*, of whose labors I cordially approve.

I heartily and completely agree with every sentence of the remarks of Dr. Wesselhœft and yourself; especially those on pp. 537–8 of the December GAZETTE; also as to the plan of carrying-out, as on p. 541; also with the third paragraph on page 542, on the "Making of Repertories," etc. These express my own sentiments.

I also agree that all the provings of a drug should be included in the criticism, not a selection only; and that before much reliance can be placed upon the provings of any drug, it should have been proved by at least three different persons, and their symptoms compared and used for mutual correction. Though the rejection of symptoms which do not fully agree should not be absolutely and rigidly enforced, neither should all symptoms that do not distinctly point to a pathological state be rejected; for if this had always been done, the "restlessness" of *acon.*, the "intolerableness" of *cham.*, the "nausea at sight of food" of *colch.*, the "morning wakefulness" of *nux*, etc., etc., might have been lost to us. So some discrimination must be used.

At our meeting there was a general approval of your work, but we Liverpool practitioners cannot join in it, because we are already engaged on other work under Dr. Drysdale's guidance.

Please remember me very kindly to Dr. Wesselhœft, and believe me,

Yours truly,

JOHN W. HAYWARD.

IV.

DR. F. H. ORME.

42 W. FORSYTH STREET,
ATLANTA, GA., Feb. 26, 1889. }

EDITOR NEW-ENGLAND MEDICAL GAZETTE :

Dear Sir—I was greatly interested in examining the articles

on "Critical Analysis of Drug Provings," with the accompanying charts, in your December and January numbers.

Having long wished to see just such a work as this commenced, I was rejoiced to see it started and so far conducted by such able hands.

The work so far done, if it were to go no further, entitles you both to the commendation and thanks of the profession; but I trust we shall see the investigations in this direction pushed further by yourselves, as well as by others, who must see that the scheme you have adopted is certain to result in what we so much need, namely, the elimination from our *Materia Medica* of the dross which has been so long accumulating in and encumbering it. What do we need more than this? Who can lead in the undertaking better than Dr. Wesselhøft? His proving of *carbo vegetabilis* published in the transactions of the American Institute of Homœopathy of 1877, is the most thoroughly scientific proving with which I am acquainted. It was a *test* proving, and only such as are made under similar test conditions should in future be considered.

I regard your method, with its charts and a careful summary, as the most scientific and practical that has yet been presented. If our *Materia Medica*, or the best part of it, can be worked over on this plan, the coming student will be able to acquire a reliable knowledge of drugs with little labor compared with what his predecessors have had to bestow upon the subject. And how much more certainty there will be about his conclusions!

What practitioner has not bewailed the fact, that while the utmost care has been taken in studying out the remedy for a case, the question comes unbidden, "are these provings trustworthy?"

I am not of those who think that the highest claim to regard consists in being an abject follower of a "master"—a sentiment which has greatly retarded really good work in *Materia Medica*. Science knows no masters, and requires no slaves or martyrs. Industry in search of truth, not subserviency to dogma, is what it demands. The present should be an improvement upon the past, in medicine as in other departments of knowledge. Hahnemann insisted upon this. He commended independence of thought and action, was himself an innovator, and had little respect for those who blindly followed "masters" when their errors had been exposed and better teachings were found. He was constantly upon the line of improvement, and certainly we should be.

That Hahnemann and the enthusiastic young gentlemen who assisted him with provings, were rather excessively alert for "symptoms," and included in their provings many *sensations*

that were not due to the substance proved, has been demonstrated in some cases; and a high regard for his character, for his matchless genius and industry, should not deter investigators from sifting out errors in his work, as he did in the case of his predecessors, some of whom were of high rank in the profession.

For a *Materia Medica* of fifty well-selected remedies, with charts and summaries according to your plan, I would cheerfully exchange all the works I possess or have ever seen upon the subject.

Surely there has been enough time wasted in studying the pathogeneses of substances that are not medicines at all. I trust that with the papers of Dr. Wesselhœft and yourself, read before the Massachusetts Homœopathic Medical Society, a new era in the study of *Materia Medica* has dawned.

My views upon the subject of the necessity for a more critical study of *Materia Medica* were presented in the presidential address to the American Institute of Homœopathy in 1887 (and were indorsed), as follows:

PRECISION IN MEDICATION.

"It may be questioned whether we have availed ourselves, as we should have done, of the results of the original researches of our bureau of pharmacology. This work has been in the right direction, and should be prosecuted further. We have much valueless material among our treasures, and the work of elimination should proceed. The demonstration of the fact that the principal vehicle for our triturations is often found to contain more foreign medicinal material than it is possible there could be of the substance triturated in some of the attenuations, should certainly awaken more attention than it has done; and every care should be observed in securing vehicles for our triturations and dilutions that are as near to absolute purity as is possible.

It is by reviewing our own work and correcting our own errors that we shall not only make real progress, but that we shall secure the respect of the scientific world.

We, as a school claiming to have a more definite and accurate method in prescribing, should aim at the utmost degree of precision as regards our *materia medica* and therapeutic appliances. On this account we should prove carefully, repeatedly, scientifically — under test conditions — and hold fast to that which is good. We have many articles that we know to be good, and we should learn further of their qualities — avoiding a waste of time upon questionable substances. Hahnemann's words should be well considered when he says (*Organon*, § 122), 'No other medicines should be employed (in provings) except such as are perfectly well known, and of whose purity, genuineness and energy we are thoroughly assured.'

Let us build further and more securely upon foundations already laid, and not allow ourselves to be enticed too far into the proving of new and perhaps valueless or unneeded materials. Unless an article promises to be useful in spheres in which we require new remedies, let us give what time we have to spare to improving our knowledge of the full value of, say, fifty or one hundred of our best remedies. It is probable that this number will cover, as far as we are able to cover, the needs of our profession, and 'more is vain where less will suffice.'

Already the gardens, the fields, the mountains, the plains, the seas, and even the bowels of the earth have been explored with a view to discover drugs to prove, until we have listed over one thousand substances which are called medicines. Some of these are of such a character that to name them would be indelicate, to think of them disagreeable, to administer or to take them, revolting. The profession suffers from a knowledge that such materials are included in our medical

armamentarium. Let us cease researches in such directions and rather apply ourselves to the work of expurgation.

We are all aware that there is a limit to human capability, and that it is beyond the capacity of the most comprehensive intellect to compass a knowledge of the full value of one-tenth the number of medicines advertised by our pharmacies. I am moved, therefore, to suggest to our bureau of *materia medica* that it might be well to take up the subject of determining, by such methods as may be devised, upon a certain number of the most valuable remedies we have, in order that study may be chiefly confined to them. We suffer now from an embarrassment of wealth; the student is confused. We have scattered too much, and we should now combine and concentrate. Our state and other societies should co-operate with our bureau of *materia medica* and our standing committee upon drug provings. We may then expect good and trustworthy results, such as we may point to with pride.

In connection with this subject of precision in our work, a suggestion to our standing committees on "pharmacy" and "drug provings" may not be amiss, to the effect that it might be well to consider anew the best forms of medicinal substances for provings and for use—recommending, when other things are equal, or nearly so, those preparations which are most stable and of definite strength. When our early provings were made, our devoted pioneers had not the chemical preparations of the active principles of medicines which we now have. We should improve with the progress of science. A grain of sulphate of morphia is the same definite quantity of medicine the world over. It is not so with a grain of opium or twenty-five drops of laudanum. A grain of santanine also represents a definite amount of medicinal power, while it is not so with a given number of drops of cinna.

Chemical compounds have much advantage in the quality of definiteness, and among these we have many of our best and most trustworthy remedies.

Tinctures and powders are known to be variable in strength, even under the most careful gathering and preparation, and these differences are multiplied indefinitely in the attenuations. We should overcome every element of inexactness as speedily as possible, and it may be well to consider if the fluid extracts, reduced to a definite degree of medicinal strength, may not be better preparations, in some cases, than the tinctures."

Thanking you and Dr. Wesselhoeft for your laborious, important and praiseworthy work so far, and wishing you every success for the future, I am

Yours fraternally,

F. H. ORME.

V.

DR. JOHN L. MOFFAT.

BROOKLYN, Feb. 21, 1889.

C. WESSELHOEFT, M.D. :

Dear Doctor—The committee on *Materia Medica* of our (Kings) County Society (of which I am chairman) will, I trust, take up the study of some of our remedies in the manner indicated by you, supplementing it with a study of the pathological action, in order that we may the better understand and thus remember the symptoms.

I do not see how this can be anything but individual work, each member of the committee studying a separate drug.

Can you suggest what remedies we had better study in order

to further the work, as proposed by you, so that we need not study the same ones others have devoted their time to?

Very truly yours,

JOHN L. MOFFAT.

VI.

EDITORIAL IN NORTH AMERICAN JOURNAL OF HOMŒOPATHY, MARCH, 1889.

“This, then is the work which lies to our hand; a thorough revision of our *materia medica*, conducted according to modern scientific methods; a relentless sifting of the true from the false; testing, proving, verifying. When this work shall have been done, the homœopathic banner will float over fresh fields of victory! and the law of similars will rest securely upon a firmer foundation.

The burning, transcendent question before us is—Shall the future of the homœopathic school be worthy of its past, or is it doomed to gradual extinguishment in a hybrid eclecticism? That this question should be asked shows the danger to be imminent. The hand-writing on the wall has been seen by many. Either a *materia medica*, reliable, trustworthy, scientific in the true sense of the word, or the triumphal chariots of the allopathic host will and ought to roll relentlessly over the homœopathic camp. It is revision or extinction.

How shall this revision be done? It is a task of such magnitude and importance that any plan of purification needs to be well considered. In any system of revision the following general principles should be adopted: (1) The work should be undertaken in a spirit of absolute fairness, without prejudice for or against any proving or set of provings. (2) All provings whether of tincture or high potency should stand upon the same footing and be subjected to the same tests. (3) In the process of verification an attempt should be made to determine the relative value of symptoms. (4) The method employed must be thorough and subject to the rules which govern all strictly scientific work. (5) The workers must bear in mind that the real object of their labor is verification; that they are not to tear down so much as to build up. The announcement of the fact that the huge task of revision has been actually begun; that a plan of revision, practical and scientific, has been formulated; that several drugs have been successfully revised, will be most gratifying intelligence to those who have long hoped to see the commencement of this work. In the December number of the *NEW-ENGLAND MEDICAL GAZETTE* will be found a ‘Critical Analysis of Drug Provings,’ by Conrad Wesselhoeft, M.D.,

and J. P. Sutherland, M.D., with accompanying charts illustrative of the method employed. The rules governing this critical analysis were published in this Journal in the December issue, 1888. In commending this plan to the earnest consideration of our readers we do not desire to be understood as regarding it as final in its results, nor do its authors claim it to be so. But it seems to be the only possible way to create order out of chaos, and will afford a substantial foundation for future work. A materia medica so revised will be shorn of many symptoms, but those remaining will be known to be the valuable effects of drugs proved upon the healthy. The clinical symptoms that are eliminated may be verified later and then incorporated. There is no more important work for homœopathic societies to engage in than this work so ably begun — the thorough revision of our materia medica."

VII.

DR. A. C. COWPERTHWAIT.

IOWA CITY, Iowa, March 19, 1889.

EDITOR NEW-ENGLAND MEDICAL GAZETTE :

My dear Doctor — After carefully reading the articles in the NEW-ENGLAND MEDICAL GAZETTE on the "Critical Analysis of Drug Proving," I can only express my satisfaction and my thankfulness to you and Dr. Wesselhoeft for thus starting a system by which our cumbersome and often unreliable materia medica may be expurgated. I often thought of such a plan, and in fact had already commenced to carry out something of the kind in "a study of kali iod.," — a paper I was preparing for the American Institute. Your plan is an improvement on mine and I shall adopt it, beginning my work over again. Now if we could only apportion the various drugs among the bureaus of our local and state societies, and have this plan carried out by all, it would only be a question of a few years until we would have our materia medica as near perfect as it is now possible to make it. With regards to Dr. Wesselhoeft,

Yours truly,

A. C. COWPERTHWAIT.

VIII.

DR. F. PARK LEWIS.

EDITOR NEW-ENGLAND MEDICAL GAZETTE :

Dear Doctor — I am very much interested in the plan for the purification of our materia medica. The question which naturally would occur to one, is whether some valuable symptoms

might not be lost by such rigid scrutiny. I think myself of working up the eye symptoms of some remedies on the same plan, and I shall then be better able to express an intelligent opinion on the plan proposed.

Fraternally yours,

F. PARK LEWIS.

IX.

REVISION OF THE MATERIA MEDICA.

The materia medica committees of the New York and Kings County societies were called together at the house of Dr. T. F. Allen, on the evening of Monday, March 25th, to meet Drs. C. Wesselhoeft and J. P. Sutherland for the purpose of discussing Dr. Wesselhoeft's plan for revising the homœopathic materia medica. Present,—Drs. E. R. Porter, chair, Conrad Wesselhoeft, J. P. Sutherland, T. F. Allen, J. E. McMichael, A. H. McMichael, W. M. Butler, B. D. Schenck, W. B. Winchell, W. S. Rink, Helen C. O'Connor, J. T. O'Connor, W. S. Pearsall and J. L. Moffat; the latter was chosen clerk.

Dr. Allen, addressing the meeting, said: Our materia medica is built in an unscientific manner; it must be rebuilt, and Dr. Wesselhoeft's scheme is a hopeful plan. I would adopt the very broadest ground, exclude no experiment from examination which appears to have been made in good faith; we should criticise equally provings by the *cm.* and by the tincture. The objection to this: that it will leave us without a working materia medica; but we still have our present literature; we cannot throw all the past behind us, and would not if we could. This work will give us a reliable ground on which to fight our way in scientific bodies; it will be a basis on which to build.

Dr. Wesselhoeft—This plan is the result of hunting many years for a way out of the woods; it is an answer to the query, How shall our wheat be winnowed from the chaff? If there be a better way than this, let us find it and adopt it. As it is, we are but falling into the rear end of the procession of scientists the world over, who are engaged in experimental research. These never accept an experiment unless it can be duplicated; unless it is corroborated by a large number of similar experiments coinciding with it. In my mind the principal idea in this work was to give everybody an idea how each can make his own materia medica. Although a short proving might present internal evidence of its value and reliability, we would not accept it unless corroborated. A fundamental error in our materia medica is the axiomatic statement—assumption—by Hahnemann that “every

symptom that follows the taking of a drug is an effect of that drug." Another error is in assuming that all the symptoms in may be 100 provers, are the results of the drug, although they are all different. We can no more prove that a drug has different effects upon different provers than that it has the same effect upon all provers. We have enough work before us to study what is common to all, without devoting ourselves to idiosyncracies. Every proving should be analyzed critically and impartially; we must guard against prejudice. What shall we preserve and what reject? In some instances a larger and in others a smaller number of agreements should be required to preserve a symptom. No iron-clad rule can be made about the horizontal comparison [this in reference to the charts]. I judge a great deal by the vertical study, and the circumstances under which the proving was made; it should have a certain amount of pathological congruence. I would encourage each to use his own judgment in this matter; his result might not be quite mine, but in the main we would tally. In summarizing let him compare his chart with the *materia medica* and preserve those symptoms that strike him as congruous, as rational.

Dr. Sutherland — *Similia* was an advance in therapeutics; let us make another advance and have some scientific method of studying drug pathogenesis. A poisoning is different from a proving, because it was not taking a drug for the express purpose of ascertaining its effects. The Hughes Club, of Boston, in studying belladonna, have made five charts: (1) Provings — 31 records; (2) Poisonings — 127; (3) Overdosing in patients — 28; (4) Extracts from authors — 44; (5) Miscellaneous; fatal poisonings, local applications and observations on animals — a few. The provings in all our works on *materia medica*, as hitherto prepared, are condensed by individual judgment, and consequently are not infallibly scientific.

Dr. Allen — We must accept no general statement as to what a drug does, but must go to the original sources, the day books of the provers; if we do only one drug a year let that stand on the originals; accept no compilations.

Dr. Moffat — Making these charts is mere clerical work, but summarizing requires experience, knowledge of the drug and, above all, mature judgment. If we propose a book, this should be done by a committee of our very best men; ask any and every one to send in charts to this committee. Each chart-maker may summarize his work for his or her individual use, and publish the result in some journal; but there must be unity, harmony and responsibility in the summarizing of the new *materia medica* if we would have it accepted as a permanent authority.

Dr. Sutherland — If this is a scientific method, why can only a few apply it?

Dr. Moffat — Is bacteriology no science because only a few can apply it?

Dr. Allen — I believe it possible to make a *materia medica* scientifically accurate. The study of any polychrest will show a group of provers with congruous symptoms in, say, the gastro-intestinal tract varying with individuals; but when we get a sufficient number of observations, we will find even the peculiar symptoms duplicated. Another group will be affected in the lungs instead of the stomach, and if this group be large enough, we can establish its finer symptoms. At first our work will establish the generic symptoms, but when we have a large enough number of observers we will get the fine points, and until then let us use them *sub judice*. I should be in favor, temporarily at least, of incorporating every symptom that has been corroborated; 1st. In one individual after repeated careful observations, guarded by proper checks. 2d. I would accept a definite symptom observed on two different provers [at least for a tentative report] and note how many times it has been observed.

Dr. Wesselhoeft — There is no harm in mentioning what the summarizer thinks valuable, but he should give its sources. Many do not know a source from a common statement, and consider a repertory a "source."

Dr. Butler — The clinical experience of the summarizer will influence him, unless we decide to work upon the mathematical basis.

Dr. Wesselhoeft — That brings up the question, are we going to make a compilation of clinical experiences or of provings? In my mind this work is especially called for in reference to new provings. How shall we judge a new drug that has had no clinical observations?

Dr. Allen — What drugs shall we study? Let us proceed alphabetically, work up the As, publish them, and so interest the whole profession of the country. I move "That it is the sense of this meeting that we adopt for work only such drugs as have observations by at least seven individuals, including high and low potencies and poisonings, but no observations on sick people or animals." Carried.

It was moved that "Those symptoms shall be preserved on which there is an agreement of, approximately, twenty-five per cent. of the observers recording effects in the anatomical group." Carried.

Dr. Schenck moved a vote of thanks to Drs. Wesselhoeft and Sutherland. Carried.

J. L. MOFFAT, M.D., *Rec. Sec.*

. X.

REMARKS ON "CRITICAL ANALYSIS OF DRUG-PROVINGS," BY RICHARD HUGHES
M.D., BRIGHTON, ENGLAND.

I have read, with the interest they merit, the articles entitled "Critical Analysis of Drug-Provings" contained in the December and January numbers of the NEW-ENGLAND MEDICAL GAZETTE. Upon the scheme there put forward and exemplified, I have been asked by the editor to express my views, and the following remarks are written in compliance with his invitation :—

1. Upon the general soundness of the test of provings advocated by Drs. Wesselhoeft and Sutherland there cannot, I think, be two opinions. "Congruent" and "concordant" symptoms must exist in large proportion if a series of provings of the same drug have really elicited its pathogenetic effects. The principle is not a new one, and no one has advocated it more persistently than my friend Dr. J. P. Dake. With him, however, it has been mainly contemplated with a view to new provings. The originality of our present authors stands in their use of it as a touchstone whereby to try our existing pathogeneses; and for this, and for the pains they have taken in exemplifying their method, they deserve our cordial thanks.

I think, however, that they would have done well to anticipate the obvious objection, that they are ignoring that class of drug effects which Dr. Madden called "idio-dynamic," but which are better known by Dr. Drysdale's term "contingent." These cannot be excised at will; and, depending upon individual susceptibility, they may appear only in one subject of a drug's action; they are nevertheless true effects of it, and trustworthy indications for its choice in disease. Dr. Korndörffer has recently illustrated this by the instance of the peculiar mental effect of aconite once observed by Van Helmont (*Cycl. of Drug Path.*, I, 109. No. 37). The experimenter could not reproduce it on himself, nor has it ever occurred in another; yet it served Dr. Korndörffer as a guide to the choice of a remedy which, without it, he was unable to discover. Such symptoms come commended, not by their recurrence, but by the force and singularity of their occurrence; and they must not be omitted in text-books, nor must they be held to render dubious the provings in which they appear.

2. Turning now to the application of the proposed method, I have little but praise to give to the treatment of hyoscyamus and iodine. It is otherwise with cactus. Here is a medicine which most of us have accounted a valuable addition to the materia medica, and whose place in the treatment of certain affections of heart and head it would be difficult to supply. Dr.

Wesselhoeft's analysis of its proving, however, "throws the whole into discredit, and determines its utter uselessness and unreliability. . . . Rubini's symptoms were largely taken from diseased persons, while most of those recorded by other provers were no symptoms at all, but merely such sensations as every one is liable to have in perfect health." This is a serious verdict, and its grounds require careful examination.

As soon as we begin this, however, we find that Dr. Wesselhoeft has been using as the material for his analysis, the pathogenesis given by Allen instead of that contained in the *Cyclopædia of Drug Pathogenesis*. He refers to the latter in a note, but says that it rather confirms than disarms his opinion regarding the value of Dr. Rubini's provings. I confess myself surprised at this, and venture to think that, had he not come with his mind already made up, a very different impression would have been made upon him. He takes Rubini's pathogenesis as he finds it in Allen,—pathogenetic and clinical symptoms combined,—and, for the former, no indication of subjects or doses.

In the *Cyclopædia* he would have had it weeded of clinical symptoms and would have learned that those truly pathogenetic were obtained by Dr. and Madame Rubini on their own persons, each taking ten drops of the mother tincture daily for about eight days. That the effects they observed were more pronounced than those of other provers may be readily explained by their quicker Italian sensibility; and this suggestion is confirmed by proving 4 of the *Cyclopædia*, which was not extant when Dr. Allen's pathogenesis of the drug was compiled. Here is one "very sensitive to medicine;" and in him the strong inhalation of a recently prepared tincture caused a poisoning on a small scale, the symptoms of which, in head, chest, stomach, spine and limbs are entirely "congruent" and "concordant" with those of the Rubinis.

I must, therefore, think that Dr. Wesselhoeft's analysis of cactus has been made upon a bad specimen, and conveys an incorrect result. Let its schema be constructed again, this time from the *Cyclopædia*, and the result promises to be widely different. In the mean time, we may safely continue to give the drug upon its well-known indications, and need not fear that it will miss its mark.*

* On p. 544 Dr. Wesselhoeft makes a singular criticism: "Of abdominal symptoms, Rubini records 6, Lembke 1 after the tincture, and Burt 3, after an unknown quantity of the 3rd dil.; we are not informed in Allen's *Encyclopædia* whether of the decimal or centesimal scale, nor how much was taken at a time." Now, if this remark applies (as it seems to do) to Dr. Burt's provings, it is strangely incorrect; for Allen expressly tells us that he took the 3rd decimal, in doses of 100 to 600 drops. But to the word "*Encyclopædia*" a note is appended, saying, "Nor in the original translation by Ad. Lippe," which makes the application lie to cactus, where it has no point whatever. I note this for explanation.

PODOPHYLLUM PELTATUM IN CHOLERA INFANTUM.

BY THOMAS NICHOL, M.D., LL.D., D.C.L., MONTREAL, CANADA.

On July 1, 1887, a very hot day, I was called to Julia, infant daughter of V. J. —, who was said to be suffering from "bowel complaint." She had been taken suddenly ill four days before, her previous health having been good, except that, for a week before she was attacked, the stools had been thinner than natural and much more frequent.

Now, every hour or so the child passed a watery stool, greenish, copious, and apparently painless, of an offensive odor somewhat like decayed flesh; the sediment resembled oatmeal. The diarrhœa was worse in the night and during early morning, also after taking food and drink. A kind of flatulent colic, coming on just before an evacuation, added to the suffering, and seemed to be the only thing capable of rousing the child from its lethargy. A paroxysm of colic would be followed by loud gurgling in the abdomen; then came a very sudden evacuation; the colic was relieved by warmth and by external pressure.

The tongue was coated yellowish white, with much viscid mucus in the mouth. Vomiting occurred every hour or two; a sudden ejection of thin, watery fluid of a pale yellow hue, sometimes of nearly pure bile streaked with blood. The abdomen was shrunken and flaccid, and the tenderness present at the onset of the disease had passed away.

The face was sallow and sunken, with bluish circles around the hollow eyes. The nose was sharp, and all the features were pinched and drawn. The skin of the whole body was inelastic and very rough in texture, and distinctly yellowish in hue. The emaciation was extreme, and the child lay perfectly quiet in the mother's arms, taking little notice of anything.

I gave a quarter of a grain of *podophyllum peltatum* (sixth decimal trituration) dry on the tongue every hour, and did nothing else whatever, as I felt confident of success.

Next morning the mother met me at the door with the child in her arms. The vomiting and diarrhœa ceased with the first dose. The tongue was cleaner, the mouth less viscid; the eyes were bright and confident, and nothing remained but the extreme emaciation and prostration. I continued the same remedy in the same dose at intervals of two hours, and at the end of eight days the patient was dismissed in fairly good condition.

Why did I not give the same remedy in the *c. m.* dilution of the fluxion preparations? Simply because, while I have a very ample experience of the efficacy of the rational dose in such cases, I have had none whatever with the fluxion preparations, and could not risk life in such a case.

Why was not the traditional *china* given for the excessive prostration? Because *podophyllum peltatum*, the undoubted similitum to the initial lesions, was also the undoubted similitum to the closing lesions of the morbid state. That remedy, pushed to an extreme, causes, and therefore cures, just such emaciation and prostration. Lastly, as Alphonse Teste remarks, "The true medicine is that which cures."

EXOPHTHALMIC GOITRE.

BY HENRY A. BROWN, M.D., READING, MASS.

[Read before the Hughes Medical Club.]

This affection is characterized by three prominent symptoms: persistent increase of the frequency of the heart's action, enlargement of the thyroid body, and protuberance of the eyeballs. The name exophthalmic goitre, relates to the last two symptoms, while the primary characteristic, which is the only one that is never wanting, is not included. It is also called Graves' disease, as Graves was the first to describe it in 1835. Basedow described the affection in 1840, and German writers give it the name of Basedow's disease.

Before this disease becomes fully established, alterations in temper are noticed, the patient becoming irritable and depressed. Functional disturbances of the heart occur at frequent intervals; palpitation, flushing of the face, and a sensation of fulness is felt in the head, eyes, and throat. The palpitation increases, the eyes protrude, and a marked swelling appears over the thyroid gland. This increased frequency of the heart's action varies in different cases within wide limits, namely: from 90 to 100, to 150, and even more per minute. Usually, no organic disease of the heart is noticed at first, but later in the disease an enlargement may be found from an over activity of the heart's action. Murmurs are generally present over the base and body of the heart, due to co-existing anæmia. After a variable period enlargement of the thyroid body occurs, due at first to a dilatation of the arteries and veins; later, hyperplasia of the thyroid tissue occurs, when the enlarged gland becomes hard to the touch. The enlargement is usually larger on the right side. The prominence of the eyes is the most remarkable feature, and when it occurs in a marked degree gives to the countenance a peculiar staring expression. The projection is sometimes so great as to prevent the closure of the lids during sleep. The pupils are not affected, and vision is not impaired. The eyeballs may be

pressed back into the sockets by gentle pressure, but immediately return when the pressure is discontinued. The eyes are abnormally dry, although the lachrymal secretion is increased; the wide open lids and infrequent winking allowing a more rapid evaporation. This gives rise to irritation when there is any attempt at close work, as in reading and sewing.

Anæmia is usually associated with this disease, although it is sometimes wanting. When it does exist, neuralgia, mental and physical weakness, hysterical manifestations, and depression of spirits are apt to accompany it. The appetite is variable, being sometimes abnormally increased, followed by anorexia. Although in some cases there is a slight increase in temperature, the affection cannot be said to be accompanied by fever.

As frequent accompaniments of this disease, although not always present, are certain nervous disturbances, such as nervous irritability, hysteria, epilepsy, and insanity. Dr. Yeo considers diarrhoea a prominent symptom, occurring frequently in the course of the disease. In women menstrual irregularities are of frequent occurrence.

The disease is comparatively rare among men, and among women occurs more frequently between the ages of twenty and thirty. In a few instances it has been known to occur in infants and old people.

The most frequent cause of the disease is some unusual nervous excitement, and often occurs after the nervous system has been overtaxed for a long while. Dr. Greenhow is of the opinion that nearly every case can be traced to mental shock. Dr. Gibson considers that the disease may be caused by violent straining, as in parturition. Various acute or prostrating diseases have excited the disease. Excessive hemorrhages, the suppression of customary discharges, and injuries about the occiput, have been exciting causes. These, however, are mere suppositions, as it is difficult to determine definitely the exact cause.

Basedow's disease, with rare exceptions, is a chronic affection, which extends through several years. In a few instances it runs an acute course, reaching its height in a few days or weeks, and then as rapidly disappearing. In chronic cases the symptoms increase for several months, and then remain stationary for one or two years, and then decline. As the condition improves the symptoms decline in order of their development, the heart's action becomes less violent, the thyroid swelling lessens, and finally the eyes return to nearly their normal position.

The prognosis is for the most part unfavorable, yet it is not impossible for the symptoms to disappear spontaneously, or to be greatly benefited by treatment. Death is apt to occur from

intercurrent diseases, from organic cardiac lesions, or from a gradual wasting.

A case of exophthalmic goitre has been under my observation for several years. In November, 1883, Miss P., aged twenty-one, came to my office, presenting an appearance which was at once striking. The eyes were staring and prominent, and gave the patient a frightened appearance. The thyroid gland was considerably swollen and firm to the touch. The exertion of coming from the carriage into the house had caused quite rapid breathing, and the heart was beating at the rate of 130 per minute. She had been under the care of an allopathic physician, and for about a month previous to her visit to me, had been confined to the house with inflammation of the heart, and had been thoroughly blistered with cantharides. At the time of my examination there were no valvular lesions, but a violent palpitation and some enlargement of the heart. The cause of the disease in this case seemed to be overwork and great mental strain. The patient now complained of numbness all over, and severe headache during the day, which disappeared at night. The appetite most of the time was good, but the digestion poor. A chronic diarrhoea had set in, which continued at intervals for a year. Menstruation was wanting from July, 1883, to May, 1884.

For the first month or two very little improvement could be noticed, but after that the patient began to grow stronger and less nervous, although the rapidity of the heart's action did not diminish. She continued to gain in flesh and strength, and in January, 1885, was married, and confined the following January, having been quite comfortable during pregnancy. Since that time the patient has been well and strong until recently, when she has been suffering from cervical endometritis and nervous prostration, having overworked in taking care of a sick sister.

In regard to the treatment of this interesting disease, it is evident that the chief requisite is the establishment of as complete sanitary and hygienic conditions as possible. Stimulants are usually harmful. Dr. Cheadle recommends complete rest, but in most cases a moderate amount of exercise will be found beneficial. The cold water treatment by means of a wet pack, continued for ten or fifteen minutes at a time, is believed by De Wecker to be the most important treatment. In old school treatment, iron and digitalis have been the remedies generally used. Dr. Hammond places so much reliance on galvanism that he never treats this condition without its use.

The results of homœopathic treatment have been quite satisfactory. Belladonna is one of the most important remedies. Arsenicum is frequently useful when anæmia and emaciation are prominent features.

Drs. Allen, Lilienthal and Hale consider *lycopus Virginicus* one of the most prominent remedies. Iodine, *spongia*, and *calcareo carb.* are also used. Dr. Hughes speaks of a case reported by Dr. Ker, in which *ferrum* was the main remedy used. Among the remedies controlling cardiac excitement, *cactus* has been found of much benefit.

In the case under my care, iodine and *mercurius protoiodide*, seemed most effectual in diminishing glandular swelling, while *valerianate of zinc* and *ignatia* proved of benefit to the nervousness and headache.

Dr. Willebrandt has reported two cases cured in a few months with large doses of *secale cornutum*. Other remedies that may be found useful are *chloroform*, *gelsemium*, *conium*, *nux vomica*, *phosphorus*, and *veratrum viride*.

UNDER WHAT CONDITIONS SHOULD THE CHILD BE FED ARTIFICIALLY?

BY N. R. PERKINS, M.D., WINCHENDON, MASS.

[*Read Before the Worcester County Homoeopathic Medical Society.*]

Presenting a paper with the above title implies the necessity of considering these questions; and the writer believes it to be necessary in a large number of cases. Many of our mothers are totally unfit to nurse their children, either through their surroundings, their devotion to fashion, their physical inability, or other reasons which readily suggest themselves to the every-day physician.

In the first place, many of our mothers are overworked; they do not have the proper rest, but are confined in the house day out and day in, with the ceaseless round of household duties. But the infant must be nursed even if the body is over-heated, the nervous system over-taxed, and the mental condition is far from suitable for this important function. Where is the farmer, who, raising blooded stock for which he hopes to realize fancy prices, would cause the mother of the colt that he hopes will lower the record of Dexter or Maud S. to work at the plow or the tread mill? Ah no! the mother of that young hopeful must have the best of feed, and roam the pasture over at her own sweet will. Would he treat the mother of the child whom he hopes to see occupy positions of honor and trust at some future period with the same consideration, we would see healthier children, happier mothers, and a better-matured race. Yet he laughs at the idea of feeding his infant in any but the "good

old way," and will wonder why baby is puny and cries all the time, and why the mother is tired in the morning and cross all day.

The society woman of to-day is likewise a poor nurse. Dress in her early years has tended to non-development of the breasts. Late hours, late suppers, and later mornings have impaired her constitution to such an extent that the effort of gestation is all that her system will bear, and lactation is too much for her to endure. It is better for her, her offspring, and future generations that she should not make the effort.

The non-development of the breasts is a serious hindrance to one who would nurse her infant. The breasts should be round and full, not flabby; the flow of milk should be free and of good quality. From a small, flat breast but little could be expected. Some mothers are prone to a nursing sore mouth, which is a serious complaint, and no mother should, with this trouble, nurse her infant and thereby endanger her health and, may be, her life, when so little is to be gained from so doing. If, then, there are cases (as all will concede) where artificial feeding is imperative, what should be substituted for the natural nourishment? With the many products of many manufactories, and each putting forth the claim that theirs is the only true substitute for mothers' milk, the question is left for us physicians to decide. And we must individualize. Cows' milk, of course, is the base of operations; but, in the majority of cases, of itself alone it is a poor substitute, the curd from cows' milk being hard and hard to digest; when mixed with some proper diluent, however, the curd becomes soft and flocky and more like that of mother's milk. And of the milk a common error is to get it from some fancy breed; a choice butter cow, perchance, which is a bad choice, for the cream will soon separate and we have left a poor quality of skimmed milk; for when the cream is once separated it is impossible to again mix it. I prefer one of the old native breed; not a butter cow, but one, as the old saying is, that gives skimmed milk; and in this will be found the natural constituents for making bone, nerve and muscle.

Now, what shall be used to dilute this milk? Some use water in various proportions, and many children will thrive on it. Others use the milk as it comes from the cow, but the caseine of cows' milk coagulates in such hard masses that a child with feeble digestion cannot digest it fully, and as a result the undigested curds pass through the intestines, a cause of diarrhoea and kindred troubles, which we see in what we call "acid babies." The milk of stall-fed cows, particularly those fed on brewers' slops and ensilage, has an acid reaction, while breast milk is alkaline. Now, by mixing some alkaline solution with cows' milk, we may cause

the caseine to become porous or spongy and flocky, simulating that of breast milk. And what better diluent can we find than "Mellin's or Horlick's food," which, when properly prepared, is said to nearly resemble breast milk. In these foods the diastase of the malt converts all starchy matter into dextrine and sugar, thereby insuring complete digestion. The Mellin's food being a little constipating, and the Horlick's a little loosening, either one may be chosen for a particular case. Of the hosts of other infants' foods I will only mention a few. Nestle's Milk Food, to be prepared without the addition of milk has not proved satisfactory with me unless I added cows' milk. Without the milk it did not seem to satisfy the hunger. I have had better success with the Lactated Food in the case of invalids than with infants, except with children over eight months old; and at that age usually the child will do well on cows' milk alone.

The Peptogenized Milk Powder, in cases of cholera infantum and enfeebled digestion, has done for me what no other food has. I think I have saved cases that otherwise I could not have done. The manufacturers of Carnrick's Food claim theirs has superior excellence, and I doubt not it has its sphere of action; but I confess that with this and the remainder in the category, my experience has been limited; those mentioned have served me well, and I believe in holding fast to well-trying friends. One word in regard to the bottle and manner of feeding. Throw away the long tubes, with their multiple joints and corks, where particles of milk will collect and sour and are prolific sources of disease; and in place thereof use a rubber nipple drawn over the neck of the bottle; this can be readily cleaned and many cases of intestinal disease thereby averted.

And do not torture the baby by feeding it when it is lying on its back. Have it held in a half-sitting position, similar to the one it would be in if nursing the breast; and this, too, will cause the mother to get a few moments' rest. Follow nature as closely as we can, she will seldom lead us astray.

It is a fact, however, that even men who think they suffer from sleeplessness do not lie awake half so long as they imagine they do. When a man says to me, "I did not close my eyes once all night," I know he lies. Not intentionally, of course, he thinks he was awake all night; the probability is that he did not get to sleep until two hours after his regular time, and it seemed an age to him. Really, it isn't often that a man lies awake the whole night through. I am not a physician and cannot speak by the book, but I believe that men fib about their sleepless nights more than any other ill to which our weak humanity is heir. Now, take your own case; you remember the last time you lay awake all night, don't you? Yes, I see you do. Well, don't you remember that same night you heard the clock strike two, and then the next time you heard it, it struck seven? Yes? I see you do. Well, that's one of the mysteries about insomnia that it is difficult to explain.—[Robert J. Burdette in *Boston Journal*.

BACTERIO-THERAPY.

BY J. EISENBERG.

Translated from the "Central-Blatt für die ges. Therapie 1888. VIII," by Albert Pick and F. Pritchard, B. U. S. M.

Among the many results which bacteriological research has brought forth in its relatively short existence, we greet with especial pleasure its application in therapeutics. It is, therefore of great interest to review the attempts made in this direction.

The first attempt was made by Fehleisen (*Ætiologie des Erysipels*), who by injection of pure cultures of erysipelococci into the region of a lupous infiltrate, cured his patient and thus destroyed the tubercle-bacilli by erysipelococci.

Further investigations were made by Cantani,* who would combat tubercle-bacilli by the bacterium termo. He says, that in one case, after inhalation of a pure culture of the latter, he observed the absence of bacilli in the expectoration and hence thinks this method of treatment will yield favorable results in incipient superficial processes.

Cantani observes expressly in his communication that he chiefly intended to induce further investigations in this field. This inducement caused Emmerich to further investigate, and by him first the question of the justification of a Bacterio-Therapy was determined. (*Die Heilung des Milzbrandes*, "*Arch. für Hygiene VII.* 442.")

Emmerich accidentally observed in a guinea-pig, which had been inoculated with a pure culture of erysipelococci and appeared afterward healthy, that, it being inoculated by a primary injection for further investigation, it died somewhat later than animals which had not been injected with erysipelococci.

In the latter animals, by plate-culture, numerous colonies of the pathogenetic primary bacteria were developed from all the organs; while on the contrary, from the former animal there were developed exclusively erysipelococci.

Taking this observation as a basis, Emmerich investigated still further.

I. Attempt to avoid the anthrax-infection by means of prophylactic inoculation with pure cultures of erysipelococci.

First, the safety of an injection of a pure bouillon-culture of erysipelococci in development, 0.5 c.cm. pro 100 grmms. body-weight into a full grown rabbit was proven, and after this similar experiments were made on thirty rabbits. Fifteen of them

* "*Versuche einer Bacterio-Therapie*, Prof. A. Cantani, *Central Blatt für d. med. Wissensch.* 29, 1885."

were first primarily inoculated with erysipelococci and then at different times, from two to fourteen days after, they were inoculated with anthrax-bacilli; fifteen as a counter-experiment were only inoculated with anthrax-bacilli and died within from two to five days from the infection. On the contrary, of the first fifteen of both infections, seven of the animals survived and recovered, while the others died partially of anthrax and partially of erysipelas.

II. Attempts on the treatment and cure of anthrax by means of subcutaneous injections of erysipelococci.

This yielded in regard to the mortality in general an unfavorable result, as of sixteen animals only two recovered. Emmerich recognizes the small degree of success to be due to the slow or eventual non-passage of the cocci from the subcutis into the circulation. But an unquestionably favorable result was seen from the longer period of time which the animals thus treated lived, as compared with the animals used for counter-experiment. Also a rapid and favorable influence of the injection of erysipelococci upon the solution of the anthrax-tumor manifested itself, and Emmerich thinks himself justified from his own observations in making inoculations with erysipelococci upon human beings, of course with their consent, against local anthrax affection. The injection is to be made with weakened material and he is convinced that thereby the tumor may be made to disappear and the general affection be avoided.

III. The cure of anthrax by the intravenous injection of erysipelococci. In this series of experiments the success was much greater and more appreciable. The action was more rapid, prompt and complete than in the subcutaneous injections. Emmerich considers these very experiments as certain proofs, for the animals used in the experiments were of the same litter and weight, especially because in two experiments such a large number of anthrax-bacilli were injected, that a lethal termination, without being counteracted by the intervenous injection, would surely have followed. The plate cultures from the organs of the animals which had recovered and were killed five weeks afterwards yielded no colonies of bacteria.

In addition to this Emmerich also describes the processes which take place in the body during the curative action of the erysipelococci, basing his investigations on the microscopic examination of sections of hardened organs.

In answering the question as to the cause of the destruction of the anthrax-bacilli, at first it was necessary to observe the relation of one to another in an artificial nutritive substance external to the organism, where it was seen that anthrax and erysipelas-bacteria could thrive well together without antagoniz-

ing one another. Hence other conditions must prevail in the organism; and after Emmerich had brought forward reasons, why neither the increase in temperature nor the erysipelococci themselves are able to destroy the anthrax-bacilli, he comes "to the only possible conclusion" that the irritated cells are the agents which carry on to victory the process of destruction against the invasion of anthrax, which up to now was thought not to be overcome.

Pawlowsky* at the suggestion of Virchow, again took up Emmerich's experiments, completed and enlarged them, and came at the end of his carefully elaborated series of experiments to the following conclusions:

1. The cure of local anthrax is possible by means of a series of subcutaneous injections of various micro-organisms into or around the diseased region.

2. The greatest antagonist is the diplococcus pneumoniae of Friedländer—the eight rabbits experimented upon recovered. The second in importance is the staphylococcus aureus; four rabbits experimented upon by subcutaneous injections recovered. It probably destroys the anthrax bacilli through the violent suppuration, which it produces. The third place is occupied by the bacillus prodigiosus, as two injections subcutaneously led to recovery. Of ten rabbits experimented on eight recovered, in whom subcutaneous suppuration at the place of injection was observed. Finally the fourth in importance is the streptococcus erysipelatosus. Of seven rabbits experimented upon, only five recovered.

3. As regards an intravenous injection Pawlowsky obtained only favorable results from an injection of anthrax-bacilli together with the diplococcus pneumoniae. Of seven rabbits only two recovered. An additional injection yielded an unfavorable result and on employing the staphylococcus aureus, the animals died either from this or from anthrax.

At the same time while making experiments on animals, Pawlowsky studied also, in the experiments, the reciprocal action of the micro-organisms used upon anthrax-bacilli.

4. The microscopic examination of the organs of the dead animals showed that the more time that had passed since the injection, the more were the bacilli inclosed in cells and the more were they destroyed; especially was this to be seen in the large cells of the spleen. The phenomena described are according to Pawlowsky only to be explained from the standpoint of the brilliant theory of Metschnikoff and are magnificent examples of the facts stated by this investigator.

* Heilung des Milzbrandes durch Bakterien und das Verhalten der Milzbrand-bacillen im Organisms. "Virchow's Archiv. Bd. 108, pp. 494."

5. Taking as a basis his experiments on animals in connection with the reagent-glass experiments and the histological revelations, Pawlowsky comes to the conclusion that other micro-organisms only stimulate the phagocytes, stimulating their functional energy, increasing their resistability in the conflict with the anthrax bacilli and leading into the battlefield large foci of phagocytes.

From all the experiments cited to form a Bacterio-Therapy, which is yet in the first stage of development, one may see with certainty that there is yet here a great field for the experimenter, which perhaps promises great results in the cure of infectious diseases.

ON DIPHTHERIA.*

BY J. GALLEY BLACKLEY, M.D., LONDON.

Seeing that we have had, for some months past, an epidemic of diphtheria raging in the metropolis, it has occurred to me that it would perhaps not be unprofitable if we devote this evening to a discussion of that disease, restricting ourselves, so far as is possible, to the most practical aspects of the subject. We have had admirable papers read before this society by our late President, Dr. Hughes, by Dr. Goldsbrough, and more recently by Dr. Neild, of Tunbridge Wells, in the last of which we have a very fair *résumé* of the present state of our knowledge on the subject of what may be called the natural history of diphtheria — a *résumé* to which very little remains to be added after a lapse of two years. Taking it for granted, therefore, that we are all familiar with the little that is known as to the ætiology of diphtheria, and that all have had more or less ample opportunities of studying its symptomatology, I would suggest that we devote ourselves to-night to a consideration of the following practical points:—

1. The question of isolation.
 2. Duration of convalescence.
 3. Treatment, constitutional and local.
 4. Treatment of sequelæ:—merely bearing in mind the following rough definition:—"Diphtheria is a disease in which there is a direct infection by the immediate action of the contagium with the epithelium of a mucous membrane, whence the disease spreads, and in a variable time becomes a general infective or systemic disease,"
1. The question of isolation.

* These notes formed the opening of a discussion upon Diphtheria which took place at the January meeting of the British Homœopathic Society. Reprinted from the *Monthly Homœopathic Review*.

As to the necessity for isolating a patient in whom diphtheria is fully developed there is now, happily, little difference of opinion. Though it is still true that "there is more danger of infection in the case of those who are brought into close contact with the patient, or have the morbid products coughed out upon them," the results of careful observations during recent epidemics, point distinctly to the fact that the contagion is neither wholly nor even principally confined to the peculiar deposit which forms upon the throat and other parts, but that there is an infective stage which precedes the appearance of deposit, and remains behind during the stage of convalescence after all signs of false membrane have vanished. There can be little question that the poison in both instances is present in the breath, and probably in other exhalations and secretions.

This, indeed, is nothing more than a fair deduction from Oertel's latest utterances upon the subject, for he has proved conclusively that "the false membrane must no longer be regarded as the first pathological and pathognomonic sign of diphtheritic infection as the morbid process is going on, not only upon but in the mucous membrane itself," and even this local process is usually much more extensive than the patches of membrane would lead one to suppose.

These facts naturally suggest what does in fact very frequently occur, namely, the spread of the disease through a household, or at least through the younger members of a household. Faulty hygienic conditions probably aid in preparing a suitable nidus for the disease, but we could all cite cases, occurring within our personal knowledge, where the spread of the disease in a household can by no means be explained upon the direct contact theory.

What is the logical conclusion of all these facts? Obviously, the necessity of treating diphtheria in every respect as a specific infectious disease, like typhus, scarlet fever, small-pox, etc. In private practice, careful isolation, not only of patients where the false membrane has already appeared, but of all those who present either local or general symptoms of a suspicious character; at least until all danger of further development of the disease has passed by. Among the poor, inhabiting densely-populated neighborhoods, or in the case of better-class patients living in hotels or lodgings, rigorous notification of infectious disease should be carried into effect, and the fever hospital suggested as the only safe residence, both for the patient and those around him. During the present epidemic the medical officers of health of the metropolis have acted in this spirit in relegating cases of diphtheria to the hospitals recently tenanted by scarlet fever cases.

While isolating the patient or patients from the rest of a household, let us not neglect an equally important part of the physician's duty, viz. : to remove those still unaffected out of the sphere of such faulty hygienic conditions as would confer a certain amount of receptivity to the disease.* This part of the subject is rather one for a separate paper, but I would like to draw special attention to what is being now recognized as a not uncommon means of the spread of the disease, viz. : the agency of domestic animals.

Emmerich (*Deutsche Med. Woch.*, 1884, No. 8), saw six cases of diphtheria occurring in pigeons obtained from a Munich fancier, who had lost seventy young birds of the same disease. The bacterium, which he describes, is identical in man and pigeons, and inoculations succeeded in pigeons, rabbits and mice ; inoculations from blood, liver, spleen and kidneys, gave like results.

The Philadelphia Medical and Surgical Reporter, 1883, contains a notice of an outbreak of diphtheria among a barn-yard of fowls, attributable to infection from the sweepings of a room in which some affected children were confined.

Dr. L. Roth, of Kissingen, reports a violent outbreak of diphtheria in a yard of fowls. Wolff, in a paper read before the Medical Society of Berlin, on a "Widespread Acute Mycosis," refers to a mycosis which causes the death of 95 per cent. of the grey parrots imported from Africa. In domestic birds a mycosis is prevalent, in every respect resembling human diphtheria ; yellow and whitish-yellow membranes are developed upon the most diverse mucous surfaces, and cannot be removed without causing bleeding.

Bunce records two instances where whole families were attacked with disease contracted in first instance from cats.

I have seen at least one case of diphtheria contracted, as I had every reason to believe, from domestic fowls.

Granting, then, the necessity of isolation not only of actual but of suspicious cases, how long is it necessary to keep the latter in quarantine ? A week, or at the most ten days, appears to be sufficient, always supposing, of course, that every possi-

*Opinions vary as to whether morbid germs are conveyed into the blood or whether a poison is generated at the seat of infection, which being absorbed produces the general malady. On either view the doctrine that diphtheria is at first a local disease, and that the constitutional symptoms depend upon general infection from this local lesion, is the one to which all investigation tends, and this most harmonizes with our clinical knowledge. Emmerich thinks his researches should lead us to redouble our efforts to ascertain the conditions under which the diphtheria germ can exist apart from the body, and in this regard special attention must be directed to the condition of dwellings.

bility of renewed infection from clothing, linen, carpets, etc., be rigorously excluded.

2. Duration of convalescence.

The question of isolation leads naturally to a consideration of the next item, that, namely, of the duration of convalescence. As in the case of scarlet fever, it is impossible to define absolutely the period necessary for isolation during convalescence, but it may be put down roughly at about six weeks from the date of infection. (Downes, *Practitioner*, I., 1884, p. 78.) In any case, the rule should be that no child should return to school who has traces of unhealed throat-illness, any recent enlargement of lymphatic glands in the cervical region, or any indication of disordered innervation or paralytic sequelæ.

3. Treatment constitutional and local.

In looking through the literature of diphtheria nothing strikes one so much as the vast array of drugs, each one of which in its turn has been vaunted as a specific when used internally or topically applied. How few of these, alas, have borne the test of experience is only too well known, and it would serve no useful purpose to go into detail as to cases treated with most of these. During the last decade, however, our allopathic *confrères* have flattered us in the sincerest way they are able, viz.: by openly appropriating some of our standard remedies for diphtheria. Mercury in the form of calomel, of sublimate, of biniodide or of the potent cyanide has been vaunted by Coester (Paris), Koskutzki (Illingworth), and by Schultz, of Greifswald, the last of whom recommends the cyanide in doses of 1-240 of a grain given every hour, (four drops of the 3x dilution, a dose no disciple of Hahnemann need be ashamed of giving even when administered for strictly homœopathic reasons).

Bromine, of which I shall have a few words to say presently, has recently figured in several periodicals both as a local and constitutional remedy after being an acknowledged, though rarely used remedy by us for a quarter of a century. Indeed, it would surprise nobody to see arsen., phytolacca, crotales or apis successively appearing as the latest *discovery* in the domain of rational therapeutics. As my intention is not to read a thesis, but to evoke discussion this evening, I will merely enumerate some of the chief remedies at present in use by us, and ask for contributions from those present as to their practical acquaintance with any or all of them. They are phytolacca, mercurius binod., mercur. cyan., crotales and the serpent poisons, apis, agaricus and muscarine.

Out of the multitude of local applications it is difficult to select one above another, but there are two methods of treatment, both of which combine at the same time local and constitutional

medication, which are, I think, deserving of more than passing mention; one is the use of bromine, and the other the treatment by inhalation of mixed vapor of alcohol, chloroform, and ammonia, as prepared by Dr. B. W. Richardson (*Lancet*, I., 1883, p. 992). The mixture used consists of alcohol, which is first saturated with ammonia gas, and then mixed with an equal proportion of chloroform, a quantity sufficient to produce gentle narcosis being inhaled from a Woolf's bottle, and repeated every two hours. The advantages claimed for this plan by Richardson are —

1. The narcosis, which in the restlessness caused by impeded respiration, especially in children, is worth considering.
2. Reduction of temperature.
3. The fluidity of the blood is maintained.
4. A local antiseptic effect is produced.

I cannot avoid the suggestion that ammonia may very fairly be looked upon as truly homœopathic to the worst adynamic forms of the disease.

Bromine has been used of late both internally and externally. Schultz strongly recommends it, and Kramer has used half per cent. solution of bromine in bromide of potassium with good effect. Hiller uses a simple aqueous solution of bromine 1 : 500 for inhalation, and a stronger one for painting, the latter being performed every half hour and the former every fifteen minutes. A plan much to be preferred is to administer bromine as an inhalation, and a ready means of doing this has long been a desideratum. In the preparation of which I herewith hand round a specimen, I think we have as nearly as possible reached this desideratum. It is bromoform, or rather bromoform containing a small proportion of free bromine. It has been tested at my suggestion by several colleagues, and it appears in many ways to fulfil the conditions necessary to a local application fit for use in all cases, whether pharyngeal, laryngeal or tracheal. The substance is of course the homologue of chloroform, where bromine stands in place of the chlorine. Like chloroform, it is an anæsthetic, but it resembles iodoform in the ease with which it is split up when brought into contact with decomposing organic matter. To adults it is best administered by means of one of the many forms of oro-nasal respirator; in the case of young children, I have been accustomed to make use of an ordinary cup sponge wrung out of boiling water; twenty or thirty drops of bromoform are then dropped into the hollow of the sponge, and the latter is held close to the mouth for ten minutes. This may be repeated every hour, or oftener if necessary. I have never seen any unpleasant effects follow the use of the bromoform, and, as a rule, the relief to labored breathing is most pronounced.

The number of cases in which the substance has been tested is as yet too few to enable one to say too much as to its value. In one case of tracheal diphtheria (where tracheotomy had been previously performed), seen in consultation with Dr. R. Smith, of Mile End Road, bromoform was applied in the manner mentioned above, *i.e.*, from a sponge, and the patient made a good recovery. More recently I had the opportunity of trying it, in conjunction with Dr. Buck, in a boy aged nine. The deposit had penetrated the larger air passages when we first saw the patient together, and I discouraged all idea of tracheotomy, as I considered the child moribund. Dr. Buck willingly consented to a trial of bromoform as a last resource. The child made a slow but steady recovery.

The question of tracheotomy for diphtheria has been so recently discussed before this society that I will not take up your time by weighing the pros and cons of the operation; I should, however, be very glad of an expression of opinion as to the value of the operation of intubation of the larynx as recommended by O'Dwyer as a substitute for tracheotomy. In his hands it appears to have been wonderfully successful, for out of ninety-five cases where tracheotomy would have been otherwise performed, no less than twenty-eight recovered.

4. Treatment of sequelæ.

(a). Albuminuria calls for arsenicum.

(b). Fatty degeneration of kidneys and muscular tissue suggests phosphorus.

(c). Paresis of respiratory muscles seems to have been successfully combated by the subcutaneous injection of one milligramme of strychnine, coupled with faradisation, applied especially to the phrenic nerves. Paralysis of the ciliary muscle ought to yield to atropine.

The abolition of the knee-jerk which Bernhardt insists upon so much as being present from the 4th to the 20th week of convalescence, ought to yield to curare.*

For impending paralysis of the heart, Jousset† recommends agaricus, or its alkaloid muscarine (? in tangible doses).

DISCUSSION.

Dr. Dudgeon thought Dr. Blackley had given an excellent paper. The subject was interesting, and every point deserved discussion. He would confine his remarks to one point. In

* Have we not in the knee-jerk a means of testing the completeness of a patient's recovery?

† *Leçons de Clinique Médicale*, p. 520.

L'Art Médical he had noticed remarks on diphtheria by Dr. Jousset. He called it a disease of the greatest illusions, many cases being called by that name which were really not true diphtheria. There was one form not dangerous—when the false membrane was yellow and not attended with deeper affection of the mucous membrane. His own boy had this form lately, and he was not away from school more than a week. Locally he applied alcohol by means of a piece of cotton-wool tied on to a pencil. Internally he gave some form of mercury—the cyanide usually from the 3rd to the 6th, he preferred the 6th. In small children, where the disease got into the larynx, diphtheria was very grave. He was glad to hear of bromoform. He had seldom succeeded in curing a very severe case of diphtheria when it entered the larynx in patients under five years old. In older patients he had seen many recoveries. Hepar. and merc. iod. were the chief remedies. He could not say much about the question of infectiousness. He would not deny its existence, but it seemed to be very feeble. In one house, where nine cases occurred, the drains were in a very bad state. The cases occurred at long intervals, and the father of the family would not hear of anything being wrong until the ninth case had occurred. He remembered a severe case at Brighton; he stayed day and night in the room, and actually slept on the bed beside the patient, but was not infected.

Dr. Day approved of the arrangement of the paper. He asked if it was right to admit cases to the general wards of the London Homœopathic Hospital, and would like to know more of the operation of intubation.

Dr. Gould remarked on the difference between the two forms. He had never saved a child under four years of age when the naso-pharynx was attacked. The only persons he had known take the disease from others were those who had actually nursed cases. He approved merc. biniod. and belladonna. He used a Siegel spray, and occasionally iodoform.

Dr. Moir had had several cases of diphtheria lately. He mentioned the theory of its being due to decaying vegetable matter. All his cases could be traced to bad drainage or infection. He had seen two cats with typical diphtheria; they both got well with merc. biniod. He knew of only one instance in which diphtheria was taken in the hospital by one patient from another. He spoke of a remedy mentioned to him by Dr. Frank Shaw, namely, one-quarter drop of liq. ammoniæ fort. every two hours. He thought every case was peculiar to itself. In one case in the hospital, where the membrane spread below the tracheotomy tube, recovery took place. He had had one case lately where there had been very slight affection of the throat, but death

occurred from paralysis of the pneumogastric nerves. He had seen santonine of use in the paralysis of accommodation from diphtheria.

Dr. Hilbers had had three cases of diphtheria lately at Brighton. In this his experience differed from that of Dr. Hughes, who had seen none, and who thought the improved drainage of the town had abolished the disease. They all got well under merc. biniod. In two cases there was albuminuria, and in the other there was paralysis of the pharynx. One occurred in a dairy. He isolated the case, and had the child sent away. It was taken from kissing a friend. He was glad to have any hints as to isolation.

Dr. Epps had found merc. cy. 6 and painting the throat with alcohol the best treatment in his practice.

Dr. Hill was personally much obliged to Dr. Blackley. Last year they had many cases at Ealing. Dr. Power was sent down by government to report. He suspected the milk. Dr. Burwood and himself always found the drains defective. One gentleman had his drains seen to, and spent £20 in putting them right. Two cases had again occurred in his house, and again he found a bad smell. In regard to infection he thought the nurses often took the disease from the same conditions that gave it to the patient. He thought a fortnight was quite long enough convalescence if the patients were sent to the sea-side. Last year Dr. Hill gave the cyanide in the 1st decimal strength, but without success. He gave merc. biniod. 3x with success. Iodoform placed in the nose was valuable in the naso-pharyngeal cases.

Dr. Neatby thought the infectiousness was slight, although its existence appeared to be proved by its spread in hospital wards to patients with wounds. He thought six weeks too long for isolation. For local treatment he employed with rapid success the insufflation of sublimed sulphur in the less serious cases. He suggests the use of cocaine in weak heart after diphtheria.

Dr. Buck thought cases ought to be isolated as soon as possible. Some cases got well rapidly, in from three weeks to a month. Several cases he had had lately he traced to emanations from a foul dust-bin. He had had three very severe cases—one in a girl who had a greyish patch in the tonsil and enlarged glands. Three days before, he had been unable to find anything. The patches spread rapidly, and in that case the bromoform was ineffectual. There was great enlargement of the parotid glands, which made him think there was mumps as well as diphtheria. There was no albumen in the urine. In the second case, also fatal, there was no albumen in the urine. The boy died twenty-four hours after tracheotomy. He described

the case of the boy alluded to by Dr. Blackley. It showed at first symptoms of follicular pharyngitis. He had tried bromoform before Dr. Blackley saw him, and it certainly seemed to help. The voice became hoarse. He coughed up much mucus mixed with membrane. Croupous pneumonia followed. The only paralytic sequela was failure of accommodation of the ciliary muscle.

With regard to treatment, he thought the disease was essentially local at the start. He used Condyl's Fluid in the first, and in the other cases iron and glycerine. In the dust-bin cases the nostrils were blocked, and syringing with boric acid was very useful. He sprayed some cases with solution of quinine. If the temperature ran high he gave aconite and bellad. in alternation. He tried sulphur locally, but without success. Internally he gave the cyanide of mercury, but he found the biniodide more useful. He began with the mer. cor. and aconite in alternation.

Dr. Frank Nankivel agreed with Dr. Dudgeon that there was more than one kind of diphtheria. He instanced several. The prostrating kind he had no experience with. Phytolacca was indicated when there was fever and pain about the knees. He used local applications.

Dr. Fisher (of Montreal) remarked that he had not been in ordinary practice for a number of years, and his experience was not recent. He thought bacteria were the means of propagation. But he considered the disease constitutional.

Dr. Clarke said in reply to Dr. Gould that he had had cases in which the naso-pharynx was affected, do well under arum triphyllum. He thought there was too great a tendency to generalize and drop into routine. Some praised one drug, some another. Dr. Moir had hit the nail on the head in saying that there were no two cases alike. He thought that it was necessary to individualize accurately, and give the remedy most called for. In his experience merc. cyan. had been frequently indicated, and had acted promptly. He gave the 6th and upward.

Dr. Dyce Brown regretted that he had not been in time to hear the early part of the discussion. He agreed with Dr. Clarke that there were all grades of the disease, and generalizing was difficult. Also, it was difficult to individualize, as there had been no actual production of the membrane by medicines. He thought the cyanide preferable to the biniodide when there was prostration. When there was much aching in back and limbs phytolacca was the best. He did not trust much to local applications, but he preferred Condyl's Fluid, and next to that the perchloride of iron.

Dr. Hughes (in the chair) agreed with Drs. Clarke and Dyce Brown in the necessity of individualizing. He thought the se-

cret of the reputation of merc. biniod. was that those cases cured by it were not true diphtheria. Merc. biniod. did not produce the prostration of the disease. He could not agree with Dr. Dyce Brown that no medicine had produced the diphtheritic membrane. This the cyanide had done, both in the mouth and the rectum. The last case he saw was fatal. The patient's temperature ran up to 105° at the commencement, and remained at this height to the end. There were few local symptoms. He could not understand how muscarine and agaricus could be homœopathic to diphtheria.

Dr. Blackley agreed that cases should be individualized; but in an epidemic, cases do present many common features, which allows of a certain amount of generalizing, or methodizing. He regretted that no opinion had been expressed about crotalus. He had seen good results from it in Liverpool. The incubation period was probably only a few days. As to sequelæ, he agreed with Dr. Moir that paralysis occurred after very slight sore throats. He instanced a case.

SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular monthly meeting occurred March 7, 1889, President Dr. James Hedenberg in the chair. The minutes of the last meeting were read and approved.

Dr. Emily A. Bruce and Dr. F. W. Elliott were elected to membership, and the name of Dr. Charles H. Fessenden, of Newton Centre, was proposed.

A committee of five was appointed to revise the fee list, to be printed in connection with the constitution and by-laws. Viz.:

Dr. I. T. TALBOT,
Dr. HORACE PACKARD,
Dr. C. E. HASTINGS,
Dr. J. HEBER SMITH,
Dr. H. C. CLAPP.

SCIENTIFIC SESSION.

Dr. Horace Packard read a paper entitled "Intubation of the Larynx versus Tracheotomy," which gave rise to the following discussion:

Dr. Teele reported a case which occurred during the recent epidemic of diphtheria, in Milton. Dr. Packard was called and introduced a tube one Tuesday afternoon with immediate relief of the dyspnœa; about thirty-six hours later the tube was

coughed out. The dyspnoea did not return until Saturday, and then a larger tube was introduced, which remained in place five days, after which the child went on to recovery.

Dr. Moore reported a case of apparent membranous croup with marked dyspnoea. Dr. Packard introduced a tube and the dyspnoea was at once relieved, not recurring again, though death finally resulted from spread of the inflammation to the bronchial tubes. The surroundings in this case were far from hygienic.

A week later other children in the same family came down with sore throats and were carried to the City Hospital, where the disease was pronounced diphtheria.

Is there such a thing as membranous croup?

Dr. French — After a practical experience of thirty years in treating diphtheria, I do not think the record is any better now than thirty years ago. I do not believe intubation is of any benefit in malignant diphtheria.

I make a distinction between membranous croup, which seems a local disease, and diphtheria, which is constitutional, with a membrane as one of its manifestations.

Dr. Talbot — In 1855 my first operation of tracheotomy was performed, and the recovery was not attributed solely to the operation, but to the time gained for the exhibition of the homœopathic remedies.

I consider that in a large proportion of cases, even where membrane is formed, an operation is not required.

In thirty-three years I have seen only seventy-four cases suitable for operation. Of the first twelve (12) cases, four (4) recovered, and all these were "in extremis" at the time of operation.

There are other classes of cases upon which I do not believe in operating; those in which the disease is very violent in the first stage, the glands much swollen and the temperature high; again, those feeble cases in which there seems to be no rallying power or in which there is general blood poisoning. There seems to be an advantage in performing tracheotomy, that there is no difficulty in nourishing the child after the operation, while in intubation it is a difficult matter to feed the patient. Any detached portions of membrane are more easily removed after tracheotomy.

In regard to the distinction between membranous croup and diphtheria. In 1859 a distinguished physician said he did not believe diphtheria ever existed in Boston. He was called to a case on Bowdoin Street, which, he said, came the nearest to diphtheria, which the French writers were describing, of anything he had seen. It lacked only one symptom, always given, and

that was—death. The patient died and the physician pronounced the case diphtheria.

I make a decided distinction between the two diseases.

Dr. Clapp—I think there is a distinction; have had two cases of membranous croup that died from strangulation, quite different from the blood poisoning of diphtheria. Merc. bin. 2x, not in the usual dose, but in from 3 to 5 grain doses every one or two hours during the height of the disease, to which my attention was called by Dr. L. J. Hunt, has been of service to me in several cases recently treated.

Dr. Southwick—Has any one ever used sulph. acid?

Dr. Hedenberg—Yes, in one case, and the patient recovered. Dr. Hoffendahl used to recommend ars. and brandy.

Dr. Winn spoke of a case reported as diphtheria in which merc. bin. had been used as a wash. From the sudden recovery he doubted if it were really diphtheria.

In closing, Dr. Packard took up some points which had arisen during the discussion.

S. S. WINDSOR, M.D., Secretary.

AMERICAN INSTITUTE OF HOMŒOPATHY.

ANNOUNCEMENT OF THE SESSION OF 1889.

EDITOR NEW-ENGLAND MEDICAL GAZETTE:

The American Institute of Homœopathy will convene in its forty-second annual session, at Hotel Lafayette, Lake Minnetonka, Minn. (near St. Paul and Minneapolis), on Monday evening, June 24, the session continuing until the following Friday night. The place of meeting is one of the largest summer hotels in the country, capable of accommodating upwards of six hundred guests without inconveniencing or crowding, and furnishing adequate provision for the General and Sectional Meetings and the various meetings of the Institute. The entire hotel and its force of *attachés* will be practically at the disposal of the Institute during the week. The situation and arrangement of the hotel are such as to afford a lake-view from each and all its rooms. The apartments are spacious and airy, with high ceilings, and all the appointments are such as pertain to a first-class hotel. Terms, three dollars per day.

"Minnetonka," with its deeply indented shores, its irregular bays and jutting head-lands and its numerous islands, is described as one of the most beautiful inland lakes of America. Several excursion steamers ply on its waters, and its fine scenery and excellent hotel accommodations attract thousands of summer sojourners to its shores.

Medical organizations are invited and requested to send delegates to the meeting as follows : Associations composed of more than fifty members from different states, two delegates, with an additional delegate for every twenty members ; state societies two delegates, and an additional delegate for every twenty members ; county and local societies, hospitals, asylums for the insane, dispensaries and medical journals, one delegate each ; colleges two delegates each to form the Intercollegiate Committee. It is not necessary that delegates be members of the Institute.

Physicians desiring to become members are required to present to the Board of Censors a certificate, signed by three members of the Institute, setting forth that the applicant has pursued a regular course of medical studies, and sustains a good moral character and professional standing. The applications should be accompanied with the initiation fee of \$2.00 and the first year's annual dues, \$5.00. Blank applications for membership may be obtained from the secretary, or from the chairman of the Board of Censors, R. B. Rush, M.D., of Salem, Ohio.

Homœopathic, state and local societies, hospitals, dispensaries, colleges and medical journals are requested to fill out and return promptly the statistical blanks, which will be forwarded to them by the Bureau of Organization, Registration and Statistics, in order that the Bureau's report may not be delayed. Physicians having knowledge of the life, services, etc., of any member of the Institute who has died since June 1, 1888, will confer a favor by communicating the facts to Dr. Henry D. Paine, the Necrologist, No. 19 West 24th Street, New York City.

Papers designed by their authors for publication in the journals after presentation to the Institute, should be prepared in duplicate, and one copy placed in the hands of the General Secretary before the close of the session, as required by the by-laws.

The committee on railroad fares will announce, in due time, the arrangements which have been entered into for a reduction of rates to physicians and their friends who may be in attendance at the session.

The annual circular, giving full details, together with programme as prepared by the committee, will be issued in May. Any physician failing to obtain a copy before June 1st, can obtain one on application to the undersigned.

PEMBERTON DUDLEY, M.D.,

General Secretary.

S.W. corner 15th and Master Streets, Philadelphia.

REVIEWS AND NOTICES OF BOOKS.

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THE PATHOLOGY AND TREATMENT OF DISPLACEMENTS OF THE UTERUS. By Dr. B. S. Schultze. Translated by J. J. Macan, M. A., M. R. C. S., and edited by A. V. Macan, M. B., M. Ch. New York: D. Appleton & Co. 1888. 378 pp.

Dr. Schultze's well-known and justly authoritative views on the subject of uterine displacements are, in the volume before us, clearly set forth, and rendered in technical and accurate English translation. The thoroughly optimistic opinions held by the author as to the curability of certain malpositions of the uterus, which have hitherto been held to be almost beyond hope, will bring new confidence to many gynecologists who follow his logical reasoning and study the chronicles of his own success. His advocacy of bi-manual palpation, not only as the only really trustworthy aid to diagnosis, but as a means — far more valuable than dissection — for the student to arrive at a working knowledge of the position and relations, normal and pathological, of the uterus, carries with it much weight and deserves the most thoughtful consideration. The illustrative diagrams, of which there are many, are of quite unusual exactitude and excellence. The fact, stated by Mr. Macan in his editorial preface, that "this book has revolutionized the opinions held as to the pathology and treatment of uterine displacements by most of the leading gynecologists on the continent," must alone entitle this excellent translation of the work to the study of every American specialist.

AN ATLAS OF VENEREAL AND SKIN DISEASES. By Prince A. Morrow, A.M., M.D. New York: Wm. Wood & Co. 1889.

Additional parts of this valuable work, Parts X, XI and XII are now before us. Part X treats of eczema and impetigo, and has, beside, what will be of the greatest value to homœopathists, plates illustrative of the skin effects of poisoning by iodide and bromide of potassium. Fascicle XI deals with herpes, pemphigus and purpura, and Fascicle XII with psoriasis, lichen, acne and other affections. All the fascicles are illustrated with colored plates of the same elegance and accuracy as those of the earlier issues. Dr. Morrow's text is clear and terse, and will be interesting reading even to homœopathists; since the measures advocated by him are not generally "heroic," and many of the adjuvants recommended are of the simplest and most useful sort. Physicians will welcome the present issues and look with interest for the remaining numbers of the work.

THE CENTURY for March discusses, in the Life of Abraham Lincoln, the "Edict of Freedom," and continues Cable's "Strange True Stories," with that of "Alix de Morainville"; Charles Barnard tells the scientific fairy tale of "What Electricity is doing"; Lieut. Beehler gives a deeply interesting account of "The Use of Oil to Still the Waves." Among the short stories, Mr. Edwards' "Rival Souls" is a Psychological romance gone mad, and there are several admirable poems. New York: The Century Co.

The March POPULAR SCIENCE MONTHLY will interest physicians chiefly with its articles on "Demoniacal Possession and Insanity," by Dr. White, in which the struggle of science against superstition, on the battle-ground indicated in the title, is vividly set forth. There are many other papers of more general interest, Mr. Reece's "Law as a Disturber of Social Order" being, perhaps, the most original of them. New York: D. Appleton & Co.

BOOKS AND PAMPHLETS RECEIVED.

ELECTRICITY IN THE DISEASES OF WOMEN. By G. B. Massey, M.D. Philadelphia: F. A. Davis.

EXPLORATION OF THE CHEST IN HEALTH AND DISEASE. By S. S. Burt, M.D. New York: D. Appleton & Co.

THE SKIN DISEASES OF INFANCY AND EARLY LIFE. By C. M. Campbell, M.D., C.M. London: Ballière, Tindall and Cox.

THE INTERNATIONAL MEDICAL ANNUAL. New York: E. B. Treat & Co.

THE PSYCHIC LIFE OF MICRO-ORGANISMS. By Alfred Binet. Chicago: The Open Court Pub. Co.

DISEASES OF THE THROAT. By Carl Seiler, M.D. Philadelphia: Lea Bros. & Co.

SURGICAL BACTERIOLOGY. By N. Senn, M.D., Ph.D. Philadelphia: Lea Bros. & Co.

A HANDBOOK OF THERAPEUTICS. By Sidney Ringer, M.D. New York: Wm. Wood & Co.

KIRKE'S HANDBOOK OF PHYSIOLOGY. New York: Wm. Wood & Co.

A STUDY OF MAN. By J. D. Buck, M.D. Cincinnati: Robert Clarke & Co.

PERSONAL AND NEWS ITEMS.

DR. C. H. FAY has removed to Las Cruces, New Mexico.

DR. C. A. PAUL has removed from Chicago and settled at Solon, Me.

DR. FREDERICK E. WILCOX has removed from Rochester, N. H., to Willimantic, Conn.

DR. C. H. FESSENDEN has removed from Manchester, N. H., to Newton Centre, Mass.

DR. ALONZO BOOTHBY has opened a private surgical hospital at No. 1 Worcester Square, where every facility is provided for those desiring surgical or gynecological treatment.

Bristol, Vt., a beautiful town of 1800 inhabitants, offers an excellent location for a homœopathic physician. Address, for further particulars, Mr. W. T. Howden, Bristol, Vt.

DR. GEORGE R. SOUTHWICK will sail for Europe on the 10th of April, and will return early in October. He will devote his time while abroad to the study of obstetrical and gynecological surgery.

DR. ALONZO BOOTHBY would announce to the profession that he has opened a Private Surgical Hospital, No. 1 Worcester Square, where every facility is provided for those desiring surgical or gynecological treatment.

DR. C. E. FISHER, well known as founder, and until recently editor, of the *Southern Journal of Homœopathy*, paid a visit to Boston on his way to Europe, where he proposes to remain until November next. His many friends wish him cordially *bon voyage*.

A subscriber to the NEW-ENGLAND MEDICAL GAZETTE wishes to complete a set from its first publication, and lacks the entire first year; also August, 1867, and June and July, 1868. Any one who can supply these numbers will confer a great favor by communicating with the publishers, Otis Clapp & Son, 10 Park Square, Boston.

A NEW HOMŒOPATHIC JOURNAL is announced as in process of establishment. It is to be called the *Northwestern Journal of Homœopathy*; is to be published in Iowa, and edited by the well-known author and practitioner, Prof. A. C. Cowperthwaite. Its prospects of success seem bright. It has the GAZETTE's most cordial good wishes.

OBITUARY.

DR. GUSTAVUS FELIX MATTHES, one of the oldest physicians in New Bedford, Mass., died Sunday, March 17, 1889, after an illness of over a year, during which time he had been confined to the house. Dr. Matthes was born in Schwedte, on the river Oder, in Germany, on the last day of 1809. His father, who was a physician, moved to Berlin when the boy was sixteen years old. After a preparatory education, he continued his studies in the Gymnasium and Berlin University, entering the latter in 1831. In 1834 he entered the Medical School at Halle, from which he graduated with honors in 1836.

He came to America in 1849, arriving in New York in July. His stay at the metropolis was not long, for in the following autumn he removed to Boston, where he practiced for about a year. Then he located in New Bedford, where he has since resided.

Some time previous to leaving Germany he abandoned the old school of medicine in which he was educated, and became a homœopath, remaining strongly attached to the principles and practice of homœopathy to the end of his career.

He was competent in his calling, was a thorough scholar, well read in literature and philosophies, liberal in theology and politics. He was every ready to assist the poor, and though accumulating a competency did not make this the main object of his life. He thoroughly realized the responsibility of his profession. The death of the "good old doctor" will bring sadness to many hearts.

C. R. H.

THE NEW-ENGLAND MEDICAL GAZETTE.

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EDITORIAL.

—:O:—

AN "EMINENT LEGAL OPINION."

That amiable contemporary of ours, the *New York Medical Times*, has lately demonstrated anew its friendliness toward homœopathy, and consequent fitness for retention on the list of journals recognized by the American Institute of Homœopathy, by addressing — with what *animus* the blindest partisan of the *Times* can hardly fail to see — the following letter to Judge Barrett of New York :—

HON. GEORGE C. BARRETT, JUDGE OF THE SUPREME COURT, ETC. :

Sir,— In behalf of our readers, will you kindly give us your opinion upon the following question :

Is a physician designating himself an " Homœopathist," and called as such to a patient, any legal or moral right to adopt other than homœopathic means in the treatment of the case ?

Respectfully yours,

THE EDITORS.

Editorial Dept, *N. Y. Med. Times*, Mar. 11, 1889.

To which Judge Barrett replies in the following letter, which we quote in full, since it may possibly prove the germ of a very pretty controversy ; and it certainly is, and was sought to be, a gauntlet flung not at the feet but in the face of American homœopathy :

"NEW YORK, March 13, 1889.

"TO THE EDITORS OF THE N. Y. MEDICAL TIMES:

"*Gentlemen* :— I have your note of the 11th inst., asking my opinion upon a question of professional ethics. In my judgment there can be but one answer to your question, and that is in the negative. If I call in a medical man who designates himself a ' Homœopathic Physician,' it is because I do not wish to be treated

allopathically, or eclectically, or otherwise than homœopathically. There is an implied understanding between myself and the homœopatist, that I shall receive the treatment which, by tradition and a general consensus of opinion, means small doses of a single drug administered upon the principle of '*similia similibus curentur*.' If there is to be any variation from that method, I have a right to be informed of it and to be given an opportunity to decide. Common honesty demands that, before a confiding patient is to be drugged with quinine, iron, morphine or other medicaments, either singly or in combination, he should be told that the 'Homœopathist' has failed, and that relief can only be afforded by a change of system. An honest 'Homœopath,' who has not succeeded after doing his best with the appropriate homœopathic remedies administered on homœopathic principles, should undoubtedly try anything else which he believes may save or relieve his patient. But when he reaches that point, the duty of taking the patient into his confidence becomes imperative. The patient may refuse to submit to the other system or he may agree, but prefers a physician whose life has been specially devoted to practice under that other system. He may say to the 'Homœopathist,' you have failed, but I prefer to try another gentleman of your own school before resorting to a system that I have long since turned my back upon. Or he may say: Well, if homœopathy cannot save me, I prefer to go to headquarters for allopathic treatment.

"All this, gentlemen, is the logical sequence of the particular designation 'Homœopathist.' There may, of course, be gentlemen who, in a general way, favor the principle of small doses and '*similia similibus curentur*,' to whom it would not apply. But such a physician would not stamp his school upon his work as a practitioner. If I call in such a man—I mean a physician pure and simple, calling himself neither homœopathist nor allopathist—the implied understanding is that I entrust myself to his best judgment in all respects. Such a man may be a graduate of the College of Physicians and Surgeons, and I will have no cause of complaint should he, in an exigency, deem it appropriate to administer the third potency of aconite. Or he may be a graduate of a college founded under homœopathic auspices, and yet I can not object if he thinks the occasion demands twenty grains of quinine. But if a physician calls himself allopathic, and is summoned as such, it would be a fraud to resort to homœopathic treatment without full disclosure to the patient of what was proposed. If, however, we are to have a class of men who purpose, in the interest of humanity, to utilize the best that they can find in any and every school, 'pathist,' as a designation of fixed methods of practice, must be ignored, and the broad and noble title 'physician,' in its unreserved sense, be revived and substituted.

"The patient will understand, when he sends for one of this class, that he is to have the physician's best judgment in the unprejudiced use of the ripest fruits of modern discovery in every field. I see that I have done more than simply answer your question. But I am sure you will pardon a layman for taking advantage of the occasion to intimate the need of greater clearness of professional attitude—both as a matter of justice to the patient and as due to the integrity of the physician.

Respectfully yours,

GEO. C. BARRETT."

Before proceeding to the brief comment in which we are moved to indulge, we must favor our readers with the quotation

of the editorial comment upon this question, which appears in the same issue of the *Times* with Judge Barrett's answer.

"The attention of our readers is called to the opinion, in another column, of that eminent jurist, Judge Barrett, upon an important question of medical ethics. Some will doubtless be surprised, as we were, when they realize the actual position of those who call themselves homœopathists and practice everything else, besides homœopathy as well! Hereafter, practitioners will have to adhere to that mode of practice which they claim to represent, or else, perhaps, lose their fees and be liable to action for malpractice into the bargain. There is no doubt that ninety-nine out of a hundred of those who call themselves homœopathists, practice medicine in the light of the present, and do not confine themselves to the use of small doses in accordance with *similia similibus curentur*. In view of this opinion of Judge Barrett, practitioners who do not confine themselves strictly to the homœopathic method, are, unsafe in calling themselves 'homœopathic physicians!' There is no objection to a physician saying 'I practice homœopathically when indicated,' for that would imply that other methods are employed; but none excepting those who absolutely confine themselves to the homœopathic mode have a right to designate themselves other than as physicians! We urge our readers to ponder this subject well, and not allow themselves to remain in a questionable attitude on this subject, and one which may prove to be troublesome in the extreme! Let us call ourselves hereafter simply *physicians*, then we may practice as our knowledge and our consciences will allow, and be safe from the charges to which Judge Barrett's opinion shows that we are otherwise liable.'"

In the whole most unfortunate history of the bitter, unscrupulous and futile warfare which has been waged against homœopathy since homœopathy first claimed the right to be, there has perhaps been spoken or printed nothing more rich in absurdity than the editorial comment just quoted. Its spirit can only find parallel in the querulous sneers of an ill-bred schoolboy at some stronger and more popular playmate. Nothing more droll or more childishly naïf could be imagined than its triumphant assumption that the whole question as to the legal liabilities assumed by a homœopathist in "designating" himself such, is settled off-hand, yet past doubt or appeal, by the opinion given wholly *ex officio*, at two days' notice, and entirely unsupported by the least reference to legal authority or precedent, by a single member of the legal profession of America! Surely Judge Barrett, whom we take to be an excellent and honest gentleman, though evidently, like most of us, a trifle limited by his prejudices, and perhaps somewhat hasty in allowing the publication of his opinion on a question into the merits of which he has apparently made scant investigation, must be not a little embarrassed to find

himself thus pedestalled—or must we say pilloried?—as the Great Legal Oracle whose single *dictum* on a hitherto unmooted question, which is of gravest import and national application, settles that question beyond peradventure! We think we may venture to assure our readers that, even with this opinion irrevocably “writ down,” they need not tremble at immediate and incontinent condemnation by judges and juries on the strength of it. In spite of the stern threat of our impartial friend and contemporary, the *Times*,—and in what deliciously schoolboyish phrase it is put!—that “hereafter practitioners *will have to* adhere to that method of practice which they claim to represent,” we think that our readers may feel free, for some time “hereafter,” to make it a matter entirely of individual conscience and judgment as to what *is* the “method of practice” they “claim to represent” in calling themselves homœopathists. It does not take an eminent legal opinion to make it clear to any logical mind that in this small nutshell—as to what is pledged and signified by a physician’s practising as a homœopathist,—lies the kernel of the whole matter. And just here comes in that thoroughly honest and universally admitted right of private judgment, which, in the limited legal world outside Judge Barrett’s office, would make the very raising of the question, with a view to “malpractice” suits, a blatant absurdity. The airy statement that, by “tradition and a general consensus of opinion, homœopathy means small doses of a single drug,” etc., is simply an individual opinion capable of overpowering and instant disproof. In the mind of every reasoning being, homœopathy, in the very etymology of its title, can be made to mean exactly and only one thing: the administration of drugs according to the rule of similars. Any other meaning affixed to or evolved from the word homœopathy, is arbitrary, extrinsic, open to instant challenge, and of no earthly weight or authority. It is at once the most drivelling folly and the most monumental impertinence for any one but the homœopathic profession itself to presume to set the limits within which a homœopathist must work, or forfeit his right to that title. It is the claims put forth by a man’s self which legally establish his responsibilities, and not the obligations arbitrarily foisted upon him by his adversaries. What claims are put forth and what privileges reserved by the physi-

cian calling himself to-day a homœopathist, are patent to every one who cares to listen to the lectures—nay, to merely read the announcements—of representative homœopathic colleges, or to study the representative homœopathic journals, or to attend the meetings of representative homœopathic societies. The homœopathist's claim and its correlative pledge are simply this: *the rule of similars is therapeutically applicable to a vast majority of non-surgical cases*. It is because such is his belief that he is forced to differentiate himself from the body of physicians who *flatly deny this (to him) cardinal principle*; who say of cure by similars that it is accidental, or a matter of coincidence, or of no significance as establishing a law or justifying an habitual rule of prescription. The homœopathist *habitually* prescribes according to the rule of similars; the "regular" *never, openly and avowedly*, prescribes according to the rule of similars; this, and this alone, is, "by consensus of general opinion," the distinction between "regular" and homœopathist; the working basis of their difference, so to speak, and the only one recognized by homœopathic physicians, or by the immense body of influential and intellectual men and women who form their *clientèle*. To say that nothing can be done by "legal or moral right," by a homœopathic physician which is not done under the law of similars, is simply to advertise one's self a candidate for Bedlam. The patients of homœopathic physicians, not being candidates for Bedlam, do not demand of them to set a broken leg homœopathically, nor antidote a virulent poison homœopathically, nor turn a child *in utero* homœopathically, nor extract a pistol bullet homœopathically, nor give dietetic directions under the law of similars, nor demonstrate to them that a cold pack in hyperpyrexia is homœopathic, nor deny them anæsthesia in the last grim agonies of cancer because they have passed beyond the action of the rule of similars *and every other therapeutic rule known to medicine*. The patients of homœopathic physicians, in a word, understand quite, without recourse to eminent legal opinion, why their physician calls himself a homœopathist, and what, in assuming that title, he pledges himself to do; and what in assuming that title he in nowise pledges himself to leave undone. It is only the envy-inflamed imagination of homœopathy's well-nigh desperate adversaries that can see prospects of suits for mal-

practice in the homœopathist calmly continuing to wear the title which is forced upon him by his adversaries' denial of the principle under which he habitually works. It is only an unfairness of mind, or a want of exact information as to the medical world of to-day, that can help to spread the question thus raised outside its natural battle-ground in the professional press. Should it be so spread, however, homœopathists will gladly welcome the opportunity to correct misapprehensions, should any such exist, not only as regards their position, claims and obligations, but as regards their possibilities, power and influence.

In the mean time we would suggest to our conspicuously impartial-minded contemporary, the *Times*, that it propound to its eminent counsel the following additional and extremely interesting medico-legal conundrum: Given a "regular" physician, whom "tradition and the general consensus of opinion" indubitably require to abjure in practice the homœopathy he so valiantly berates and ridicules; and when he makes, in cases of fever, the traditionally homœopathic prescription of *aconite*, the single remedy and small dose, has not his patient every "legal and moral" right to sue him for malpractice?

EDITORIAL NOTES AND COMMENTS.

THE PARALLEL COLUMN INDICTMENT of the American Institute of Homœopathy, which lately appeared in the pages of our esteemed contemporary, the *Homœopathist*, is very curious and amusing reading. The indictment alluded to is naturally in the interests of the proposed amendment of the Institute's by-laws in the direction of greater stringency.

The whole editorial of the *Homœopathist* on this question is full of odd assumptions. For instance, that the Institute has no right to find fault with the *New York Medical Times* so long as it—the Institute—does not demand a belief in homœopathy as a condition of membership. So far as we understand the matter the sentiment against the *Times* is founded not on that journal's refusing to demand a belief in homœopathy, but on that journal's patent and demonstrable *antagonism* to homœopathy and the welfare of homœopathic institutions. The distinction is world-wide, obvious and vital. When the Institute places itself in op-

position to homœopathy, then and not till then, can it be, with the slightest show of reason or logic, compared with the *Times*.

The "parallel column" arraignment is so funny—so originally, impossibly funny—that we must quote it in full :

"What is Masonry?

A belief in and acceptance of the traditions and laws of Masonry.

What is a Masonic Lodge?

An Association of persons pledged to a belief in Masonry; pledged to support its tenets; and pledged to abide by its laws.

Will a Masonic Lodge admit to its membership an Odd Fellow, a Knight of Pythias, or any other except he be a Mason?

It will not. It looks upon such as imposters, and will govern itself accordingly.

What is Homœopathy?

A belief in and acceptance of the Law of Similars.

What is the American Institute of HOMŒOPATHY?

An Association of persons pledged to NO belief in Homœopathy; pledged to NO support of its tenets; and pledged to everything but Homœopathy.

Will the American Institute of HOMŒOPATHY admit to its membership an allopath, an eclectic, or any other except he be a homœopath?

IT WILL. It invites them to come. It not only accepts them unregenerate, but adopts their practice."

Perhaps some of the droll misstatements of the above can be best corrected in a supplementary parallel column, thus :

What is the American Institute of Homœopathy?

An association of physicians pledged to NO belief in homœopathy; pledged to NO support of its tenets; and pledged to everything but homœopathy.

What is the American Institute of Homœopathy?

An association of physicians not PLEDGED to a belief in Homœopathy: —(by a slight change of emphasis and phrasing what a great gain have we here in truth and accuracy; for how gross a misstatement might fairly be gathered from the ingenious phrase that the Institute pledges to "No belief in homœopathy?")—not PLEDGED to support of its tenets; though the constitution and by-laws teem with loyal and affectionate references to homœopathy, and the OBJECT of the association is stated to be first, "the improvement of homœopathic therapeutics," and PLEDGED to absolutely nothing in the way of exclusive creed.

Will the American Institute of Homœopathy admit to its membership an allopath, an eclectic, or any other except he be a homœopath?

IT WILL. It invites them to come. It not only accepts them unregenerate, but adopts their practice.

Will the American Institute of Homœopathy admit to its membership an allopath, an eclectic, or any other except he be a homœopath? Attention is once more called to a somewhat malicious ingenuity in the framing of this question, which, in any fair surface-reading, would indicate that the Institute *excepted* homœopaths from its rule of admission!

IT WILL. But it "invites" no one, unless the title of the association in itself, as well as the constant allusions to homœopathy in constitution and by-laws, just alluded to, be justly construed as a very especial invitation to homœopathists, or those inclining to become such. It "accepts" educated and honorable physicians of all shades of therapeutic belief, and justly considers that to pronounce any man "unregenerate" for holding opinions differing from those of the majority of its members, savors of Calvinism, of provincialism, and of that blind bigotry which is its standing accusation against the allopathic school. It "adopts" — as an association — no "practice" of any sort, but while making the advancement of homœopathic therapeutics its first object, always, it is glad to learn and spread knowledge of all the manifold advances, and notably those in midwifery, surgery, and all the special departments of medical art, from which knowledge it would explicitly cut itself off by refusing to listen to anything not of homœopathic origin.

This then, is the "cold fact" of the Institute's position. Any attempt to narrow it could but result disastrously to the Institute's peace and prosperity. It would be but the first in step that sectarian retrogression of which the infallible end is disintegration. Fortunately no such danger as a majority support of the amendment referred to can be seriously thought to threaten the Institute.

THE WARFARE AGAINST THE PROPOSED "SINGLE BOARD" SYSTEM of examining candidates for licenses to practice medicine goes on in New York with amazing energy. The GAZETTE has already expressed its unqualified and warmest sympathy with this movement, which, by assuring every educated physician examination by the *separate Licensing Board* of the school of medicine in which he proposes to practice, cries final checkmate to any attempt on the part of allopathy to obtain state control of medicine. It is a working basis on which all impartial minds can agree, and it cannot be too widely adopted. The greatest credit is due the homœopathists of New York for so zealously pushing the question. Medical legislation is one of the most trying questions of the modern sphinx. A very brilliant guess at its solution was that emanating from the shrewd wit and keen insight to which Massachusetts homœopathy owes a debt beyond reckoning, when Dr. I. T. Talbot, at the recent dinner of the Massachusetts Homœopathic Medical Society, suggested that the use of the title "Doctor" or "M.D.," unless backed by a producible diploma, be made a punishable offence. This suggestion, we are glad to see, has been given wide hearing by the lay press, accompanied, in some instances, by favorable editorial comment. A fairer prospect of victory over charlatanism could hardly be fancied, IF, — an if not beyond legislative remedy, however, — the operation of "diploma mills" could be abruptly suspended. In such a case, Dr. Talbot's suggestion would seem to meet our chronic puzzle finally, triumphantly, brilliantly. But while the "licensing board" question is still pending, — and that is the pet hope and ideal of our friends, the enemy, — let the cry for *separate* licensing boards continue to go strenuously up.

THE "TWO-DAYS' SESSION" of the Massachusetts Homœopathic Medical Society is enthusiastically conceded, on all sides, to have been a most pronounced success. All that was hoped for it seems to have come to pass. Business was transacted more leisurely, discussions were longer and freer, and the assembled physicians had pleasant leisure for social possibilities; the making of new acquaintances among their *confrères*, and the

cordial renewal of old ones. The day spent at Westboro' was rich in excellent results. Dr. Paine's talk on cerebral localization was of the greatest interest. To those who listened, it gave opportunity to — in the ancient phrase — “arise up and behold” how great and how limitless is the field of labor with some small corner only of which they are familiar. Such an opportunity is, as it were, a stretching of one's mental limbs, and a widening of one's horizon. Mrs. Ewing tells a funny story of an old sexton who only took one vacation in thirty years, and then travelled to a neighboring cemetery to see how they “did things there.” Not that we would institute grim comparisons, — heaven save us from anything so *mal apropos*, — but the impulse to see how they “do things there” is strong upon the true physician, even in his moments of recreation; and such an impulse could not have been more entertainingly and profitably gratified than it was by the Society's Westboro' excursion.

COMMUNICATIONS.

SAMUEL HAHNEMANN: HIS RELATION TO SCIENCE.*

BY CONRAD WESSELHOEFT, M.D.

MR. CHAIRMAN, LADIES, AND GENTLEMEN — To speak to you on the relation of Hahnemann to science, is a privilege which I accept with some hesitation, not because it is not a pleasure to dwell on the scientific achievements of so great a man, but because I shall have to consider the relations of his followers to science.

It has always seemed to me to be a source of gratification that the searchers for knowledge concerning the personality of the author of Shakespeare's works could discover nothing to gratify their curiosity and their desire for idolatry. I have sometimes wondered what would have been the fame of the great Goethe or Byron had nothing been known of the wonderful personality of either.

It has always appeared to me that members of the school which Hahnemann created, have dwelt too much on his personality and that their adoration of the master has been out of proportion to the enlargement and perfection of his discoveries as left to us by him.

* An after-dinner speech at the annual meeting of the Massachusetts Homœopathic Medical Society.

It is true, and I must dwell for a moment on his abilities and achievements. He was a scholar among the foremost scholars of his day ; as a philologist he was the peer of the learned of his day ; those who loved the language of ancient Greece sought him as their equal. His Latin was pure and savored of the golden age of the language of Rome.

In all branches of medical science, as a man of learning he was equalled by few ; as a chemist alone, though only a side-issue of his profession, he was honored and an authority. Though chemistry has long outstripped that of Hahnemann's day, how often do we meet with a general practitioner now whose knowledge of chemistry is superior to that of Hahnemann ? And as for his powers for work, how many are there who, at the age of forty, can retire to rest only every other night, and devote all the other days and nights to scientific and literary work ? His powers of working were not only remarkable for the acquisition of knowledge of dry facts, they were fully equalled by his productive genius.

What he accomplished is familiar to us all. I will not attempt to speak of it in detail ; it may be summed up in a few words ; he inaugurated and accomplished a reform in medicine when such a reform was most needed. Let us only recall the percentages of deaths resulting from pneumonia and typhoids at the time of Rasori and Broussais, and we shall find that they are vastly exceeded by those of recoveries now. Why, it is on record that in the last century the few who recovered from typhus and pneumonia were regarded and exhibited as marvels of medical skill, and exhibited themselves in honor of their physicians. To-day a death-rate of ten per cent. does discredit to physicians of any school.

Is it merely the result of expectant treatment ? If so, let it speak in praise of him whose influence introduced it. If the methods of Hahnemann had no other claim to recognition, this alone were glory enough. But when we add to the success of "expectancy" even a moderate percentage of recoveries attributable to skilful use of small and attenuated doses, the school of Hahnemann easily takes the lead.

Let us work on, and hope that the percentage of medicinal cures has not reached its possibilities. That this idea has become too prevalent among us seems to me very evident. The standstill arises from too much adoration of the man, Hahnemann.

It is too easy to bask in the lustre of a great man and feel ourselves great while resting in his light. Hahnemann was great, say many. We believe in Hahnemann. We are his true followers ; hence we, too, are great.

This sentiment still pervades our ranks to a great extent, but if not changed, it will work the decline of Hahnemann's teaching and philosophy. Let us do away with this spirit, and take up the thread where Hahnemann dropped it?

We forget, or some of us forget, that Hahnemann did not claim to have perfected his methods. As well might it be said that Franklin perfected electrical science, or Fulton the steamship. In reply to a spirit of antagonism not infrequently heard against suggestions of improvements and reform of certain methods, I would ask if it would have been right to say that the demonstration of electrical phenomena by flying kites should have ended all experiments in that direction? Had experimental research been condemned, we would never have known the electric motor nor the "greyhounds" of the ocean.

It is disregarded by many that our methods of proving are yet imperfect. It is disregarded that the best *methods* of prescribing according to Hahnemann's principles have yet to be learned.

Too little attention is paid to Hahnemann's methods of pharmacy and that they need many modifications. Whence comes this standstill? It comes from the spirit I have described, of too much adoration of the master. Hahnemann was great. I am his follower; hence, I am great.

How shall we overcome this apparent and real stagnation? merely to believe in the words of the master is the most distinct cause of stagnation.

The means of progress are easily found by ceasing to glorify the master, and by following the spirit and principle of that which made him a master. The principle which he uttered and lived up to, and which made him great was, *aude sapere*. Dare to know, is its literal meaning, but dare to face the truth and to say it when you know it, is its real spirit and essence. Without it, reform would have been impossible; without it, there would have been neither *similia similibus curentur*, nor the inductive principle of proving drugs; without it, our colleges, hospitals, and societies would have no existence. But they exist only so far as Hahnemann's teachings go. They have never gone beyond, but have rather lagged behind science in general, by not applying more advanced methods of investigation to pharmacy, provings and posology.

Why was this? It was because we lost sight of the courage which dares to know, and fell into the fatal error of daring to believe; of substituting a belief and a creed where knowledge, based upon experimental research, should have been.

Do not let us drop our title as homœopaths. Write it in golden letters over the doors of our colleges and hospitals, but

let us live up to it by retrospective and prospective work ; let us examine our provings critically, as well as our pharmacy, in order that we may know what we are prescribing.

Where it is not already done, let us abolish the soul-killing creed inviting hypocrites to our societies, and in the place of such creed let us declare that the work of our societies shall be to improve and enlarge the homœopathic principle, *similia similibus* ; that it shall be to inaugurate exact methods of proving, and of applying drugs thus proved. This means life ; the creed to which we had to, and are now expected to bow, means intellectual death, idolatry and fanaticism.

We have for a long time stood where the road divides ; which way shall we choose ? We have had and still have the choice of remaining a sect or faction with a label tacked upon it, or of being a body of consciously progressing knowers and thinkers ; to follow Hahnemann's *aude sapere* or the *aude credere* of his would-be followers.

Which shall it be ? My choice is made ; I know which road I shall follow, and that I shall find upon it numerous and goodly company.

THE POSITION OF THE HOMŒOPATHIST DEFINED.*

BY WALTER WESSELHOEFT, M.D.

I approach the response to this toast with a due sense of hesitation, because I have before me the difficulty and danger of defining our position without formulating a creed. Since it is not in the nature of medical knowledge to be positive and fixed, since this is rather ever growing and changing, and by reason of its extent and complexity, more difficult to grasp than any other single branch of knowledge, — there can be for us no binding creed and no absolute rule of practice. It is our constant duty to survey watchfully the varying boundaries of our powers, and cautiously to modify our convictions with the new requirements of progressive inquiry and experience. Yet the advance of knowledge, the exigencies of daily practice, our relation to the profession at large and to the intelligent community, which is the arbiter of our standing, demand of us hourly that we declare distinctly where we stand.

Moreover, we are called upon at this time to make known in no uncertain tone our attitude towards the pending medical legislation.

We have all felt during the past year — more intolerably, perhaps, than ever before — how anomalously we are placed between

* An after-dinner speech at the annual meeting of the Massachusetts Homœopathic Medical Society.

that dominant and exclusive portion of the profession which proclaims itself the sole keeper of all professional knowledge and ethics, and that infamous class of freebooters whose advantage it is to acknowledge neither science nor law. It is our duty to resent emphatically the arrogant claims of the one, and to turn with abhorrence from the approaches of the other.

In endeavoring clearly to define our position we must first assert our just claim to stand within the profession, to draw our knowledge and our rules of art from all its sources, to add to its efficiency, to uphold its honor, and to enjoy its privileges. We aim to be physicians in the best and widest sense, acknowledging the claims of the professional conscience which springs from science, from reason, and from experience in the presence of danger and suffering and helplessness. The entire field of medicine is our field. We claim as our right that freedom of opinion and of action which true education, enlightened thought and conservative inquiry alone can grant. We recognize in the fullest measure the advances in the auxiliary sciences, in the wide domain of surgery and its allied branches; the earnestness and directness of modern medical thought, and the self-sacrificing industry of modern inquiry. We turn to practical account the available knowledge to be derived from these sources, and act upon the highest probabilities they afford where positive data are absent. The principles we uphold are not at variance with the principles of general science, nor is the knowledge we profess contradicted by other knowledge. It is only where mere faith steps in that essential differences of opinion enter.

We hold to the three main sources of all knowledge :

1st. Rational induction, or direct inference from such positive data as the sciences composing medicine afford.

3d. The methods of experiment and observation, or the empirical methods of investigation,

2d. Clinical experience, or the knowledge gained at the bedside.

We admit that they are inseparably bound together in practice, and constantly influencing and modifying each other; but we seek to determine their limitations, and thus to establish their true bearings in science and in practice. While we hold unreservedly that rationalism must dominate all practice where the auxiliary sciences afford exact data, we refuse to extend its application to those far wider regions where theory, hypothesis and mere assumption still prevail. In other words, we refuse to confound rationalism with medical science, and strenuously deny that they cover the same ground, or lead to the same results.

We are forced by history and daily experience to declare the acceptance of a vague and irresponsible rationalism as the only

rule of art to be founded on misconception of the nature of science and the limits of reason. We insist that beyond its narrow and legitimate bounds it becomes a grave obstacle to progress, since it leads from unwarranted assumption to reckless procedure, ending in the crudest empiricism. We see in it a serious danger to professional morality and to law, since by claiming co-equality and even identity with science, it defies all criticism and control.

As we recognize the just claims of rational inference from the auxiliary sciences, and the constant advance in these, we recognize also in clinical experience the second indispensable source of practical knowledge. The insufficiency of science, the consequent obscurity and uncertainty that still prevail regarding the nature of vital processes and the agencies affecting them, continue to force us to note the unexplained effects of various reagents upon the course of disease, and to frame from these observations rules for future guidance. But, while acknowledging our dependence on the records of the experience of the past and the results of daily observation, we stand opposed, on the one hand, to that undefined, discredited and contradictory mass of observation called the "experience of the profession," and on the other, to the feeble and hysterical observations of those lay reformers who seek in all manner of occult or soul influences the solution of the problems of health and disease.

To the unwarranted demands of both lawless rationalism and lawless empiricism we oppose the third and most important of all sources of medical knowledge, the method of experimental inquiry, and derive from it our most expedient rule of art. We are impelled to hold firmly to this, neither by the belief in any fundamental or universal law, nor by the acceptance of any hypothesis, but mainly by considerations of practical utility. The imperfect state of medical knowledge and the tardy growth of unaided experience demand that we reach into the unknown, and perhaps unknowable, by the methods of exact inquiry. This is the special task we have assigned ourselves. It concerns the unexplained phenomena of life as manifested in disease, and as influenced by remedial agencies. The pursuit of this task has led us into regions of thought and investigation ignored and neglected by those who stand opposed to us, and to principles and rules of practice which they refuse to share or to regard.

Although we neither avow an exclusive dogma, nor seek to construct a new system of medicine, our chosen field is so extensive and the methods by which we cultivate it so fruitful, that we are driven irresistably to an isolation which we deplore, but which only time and the progress of knowledge can correct.

While we neither undervalue whatever triumphs surgery, all

chemical, physical and mechanical measures, preventive medicine, hygiene and dietetics may celebrate within their own legitimate bounds, nor disregard any agency that may conduce to recovery, avert danger or safely mitigate suffering, we hold, spite of all denials, that medicines still constitute the most effective, safe and available agents for the control of all disturbances which call for daily treatment. But we insist that the knowledge concerning these shall rest, as far as may be, on exact methods of experiment and observation, and that its application shall be in accordance with a definite rule rather than according to speculative theories concerning the nature of disease.

We devote our best energies to the exhaustive study of the phenomena of drug action in health and disease, within the narrow limits of empirical inquiry. This inquiry has disclosed a relationship between the phenomena of disease and the effects of drugs administered in health — a relationship not always easily grasped, and for the most part unexplained, but bearing the character of constancy under given conditions. It is a restricted and empirical law, yielding a safe and practicable rule of art within definable and rational limitations.

Its application postulates first the removal of disturbing conditions and the possibility of recovery, and second, the administering of drugs unmixed, and in quantities no greater than needful to produce vital reactions. The single remedy and the restricted dose.

This is our position; this our legacy from Hahnemann. It was he who first pointed out the limitations of rationalism and of uncontrolled empiricism, and he who first introduced into therapeutics the method of exact inquiry. Whatever of error and misconception, whatever of human frailty and self-seeking, within and without, may be at work to assail or undermine it, the great and paramount reform he has instituted remains our sacred trust. So long as we hold to it loyally and intelligently, we shall steer safely between those twin curses of therapeutics, scepticism and credulity, and remain the representatives of the most fruitful contribution to therapeutic science and art. So long as we take faithful cognizance of every other discovery, we shall remain mindful of our own limitations and be found ready, at its approach, to yield to clearer knowledge and higher art.

A Los Angeles physician was recently asked by a patient: "Doctor, is it secondary or territory?" As the man had just come from Arizona the doctor told him it was territory.—*Southern California Practitioner*.

Upon the recent death of a Hindoo, the coroner's verdict read as follows: "Paudoo died of the tiger eating him; there was no other cause of death. Nothing was left except some fingers, which probably belonged to the right or left hand."—*Medical Classics*.

*LAW AND MEDICINE.**

BY I. T. TALBOT, M.D.

"Law and medicine. They should be excellent friends, but must not depend upon each other for a living," was responded to by Dr. I. T. Talbot. He said, in part :

At this very moment, in this good old Bay State and in this very city of Boston, there exists a class of men, and women, too—some 1400, it is said—who, without any proper medical knowledge, hold themselves as suitable persons to prescribe for and treat the sick. Some of them have gained their knowledge from an old Indian squaw, others from the spirit land. Some are blind and others have second sight. Some have most wonderful scientific knowledge, and have at their command chemical products utterly unknown to the rest of the world. Some will cure the most fatal diseases for the most trifling consideration ; others rate their fees at a thousand dollars for equally dangerous cases. "The clergyman whose sands of life are nearly run out" is here, as well as the bold philanthropist who does not want your money, only postage stamps. Some of these are comparatively nameless, and may die themselves of starvation ; others are thieves, liars, robbers, rumsellers. Yet all who pass as doctors rest alike on one foundation—deception—and nearly all reach the same end eventually.

For the past fifteen years, in various States of the Union, efforts have been made to put under the ban all those pernicious practitioners who are to be found wherever money can be made. Laws have been passed forbidding the practice of medicine, the healing of the sick, to any but educated, upright, honorable physicians. Medical boards are constituted with full powers to judge as to who are and who are not to be allowed to heal the sick. Licenses are to be given only to the proper persons. This year, 1888-89, under the impetus of the American Medical Association, the whole country has been aroused to greater effort in this matter. Every State must have its medical board and its proscriptive laws, and those which already have them must make them still more stringent.

In our own State Legislature the following is the first section of a proposed act to regulate the practice of medicine and surgery within the Commonwealth of Massachusetts :

"No person shall practice medicine, surgery or midwifery within this Commonwealth without a license from the State Board of Health, obtained as hereinafter described."

Now, my friends, after watching and studying this matter for

* An after-dinner speech at the annual meeting of the Massachusetts Homœopathic Medical Society.

more than thirty years I am convinced that this course of procedure is entirely wrong; that, while it fails to do away with the evils so apparent, it introduces those of far greater magnitude. It is "a prohibition which does not prohibit;" it is a tyranny which strikes at the inalienable rights of every American citizen. More than a century ago our fathers wisely and broadly laid the foundation of the Massachusetts Medical Society so that it should embrace the wisdom, learning and integrity of the medical profession. Every physician in the State who was qualified by education and character was entitled to its membership, and no one should debar him from such membership under a penalty of \$500. When, between 1851 and 1871, that society forbade membership to educated and honorable physicians who differed from the majority in their belief in regard to principles of therapeutics, it violated its charter and displaced its original broad and firm foundations by injustice, distrust and ill-will; and when, in 1871 and '72, it branded as guilty of a professional crime, members believing in and practicing homœopathy and expelled them therefor, it committed an outrage upon the individuals and the community, and tumbled from the lofty position of liberal and learned medicine which the State had sought to give it. From that moment the people largely lost faith in the medical profession, and quackery, ignorance and pretension has run riot unchecked. Restraining laws of the mildest form have been refused, and, even if now enacted, they would but make matters worse.

Let us examine for a moment the principle on which these proposed laws are based. Certain qualified physicians are licensed by one or more medical boards, and nobody else except those thus licensed shall be allowed to administer medicine to the sick. Let us carry this principle a step further: Certain qualified teachers are licensed to teach, and nobody else shall give instruction, or, in other words, no one shall be allowed to learn anything except from these licensed teachers. This same principle might be applied to the clerical profession, and even to all the trades and callings.

In fact there is no profession in which restraining laws are so out of place as in that of medicine. Shall the law restrain, with fines and imprisonment, the mother from seeking such means as she believes will cure her dying child, no matter whether it be the faith cure, the "laying on of hands," a drop of aconite or a dose of rhubarb? Do we, with all our knowledge, know that such means will not cure in a given case? Are all psychical and therapeutical agencies so well understood that we can invariably say what will and what will not cure? If we have not this positive knowledge, shall we forbid to others to use what they think

will cure them? The old and obnoxious sumptuary laws which undertook to regulate what should be eaten and what drank, and how persons should spend their money, were as nothing compared with a law which shall say what physicians or what means we shall or shall not employ when we are sick to help us to recovery. Any law which thus interferes with individual freedom of thought and action is contrary to the dearest principles of American liberty and is subversive of our rights as citizens.

What, then, is to be done? Are we to fold our hands and allow quackery and deception to go on unchecked? Shall the community adopt no measures to protect itself from this fraud and imposition? The first question is, what can be done? Up to the present time legislation has been directed to restricting the rights of the community. Now, would it not be well to direct legislation to the deception which lies at the bottom of all the mischief? Persons without any claim to medical knowledge falsely advertise themselves in the most effusive manner as the celebrated Dr. So-and-So, M.D., graduate of the College of Edinburgh, etc., etc.; and they do this for the express purpose of deceiving the public. Should not such misconduct be made a penal offence?

Would not an act something like the following meet the fraud and deception of this whole business and cover the ground proper for legislation?

An act to prevent the unauthorized use of medical titles :

Be it enacted, etc.

Section 1. Whoever, not having received the degree of Doctor of Medicine from some authority empowered to confer the same by the laws of this Commonwealth or of the United States, or of one of them, or of some foreign country, shall place or advertise, or cause to be placed or advertised upon any sign, card or door-plate, or in any advertisement in any newspaper or otherwise, in connection with his name, the letters M. D., or the title doctor, physician or surgeon, or any abbreviation of such titles, or any equivalent title or any abbreviation of such title, or any other designation tending to advertise falsely that such person had received the degree of Doctor of Medicine, shall be punished by a fine of not less than \$100 nor more than \$500, or by imprisonment not exceeding six months, or by both such fine and imprisonment.

I do not claim, nor for a moment suppose, that this bill is in any degree complete. It would, of course, require the careful consideration of those learned in the making of laws, and then it might require time and experience to perfect it. But is it not an effort in the right direction? Is it not an attempt to restrain that deception which shall make the ignorant believe

that they are being treated by learned and competent physicians?

Perhaps the greatest support to this fraud and deception of charlatanry has been a reliance upon the acknowledged standing and reputation of the medical profession, and a belief that the charlatan possessed knowledge in a high degree. Remove this—as the public certainly have a right to do—and place the issue squarely between education and ignorance, and we can have little doubt as to the result.

Such a law would not interfere with the rights of any member of the community; it would not prevent any one from employing the services, in cases of sickness, of whomsoever he may choose. It would not give to any men or class of men the possible power to unjustly control the opinions and actions of their equals; it would simply restrain fraud and deception and prevent the dishonest charlatan from doing what he has no right to do, in using titles which he has no right to use; it would draw a sharp dividing line between ignorance and dishonesty on the one hand and education and uprightness on the other; it would do equal justice to the parties on both sides of this line.

But our duties do not stop here. Let us eliminate everything like fraud and deception from the profession itself as well as from its hangers-on; let us gain from every source all possible aids to the healing art. Medical science has not reached that point that it knows all it ought to know, or even knows certainly what it thinks it knows. Let us not be too toplofty and dogmatic in mooted points; let us not assume a knowledge which we have not, but let us seek instruction in an humble spirit from whatever source it may come. Let us see that our institutions are well sustained and well conducted. Let us see that the curriculum of our schools is of the broadest and most comprehensive character, that our physicians are not merely scientific men, but fully provided with the means for healing the sick. In the language of the sentiment to which I speak, law and medicine should be good friends. Law may remove some of the obstructions to our profession, but it cannot provide us a living; that must come from the confidence bred from learning, skill and success in our profession. (Great applause.)

A REMARKABLE OPERATION.—*Reporter* (to eminent physician): "Anything new this morning, Doctor?"

Eminent Physician: "Oh—um—ah, yes; an operation at the Cheek and Chin Hospital, one of the most wonderful known to science. I took out a man's pericardium, put three stitches in it, and restored it. The patient lived twenty minutes. A most rare and successful case."—*Popular Science News*.

THREE CASES OF HERNIA TREATED BY MAC EWEN'S RADICAL
OPERATION.

BY H. I. OSTROM, M.D., NEW YORK.

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New York.*

In connection with the treatment of hernia, not the mechanical but the radical cure principally occupies surgeons to-day. Ingenuity in devising trusses seems to have reached its limit, and still the majority of cases treated by this means remain uncured.

Antiseptic methods are rapidly revolutionizing operative surgery, making justifiable, — for conditions not necessarily fatal, in some cases only inconvenient, — operations that formerly were rejected as involving a risk to life out of proportion to the possible advantages to be gained. No department of surgery has profited more from this expansion of the operative field than that one which relates to the cure of rupture; and in view of the unsatisfactory results obtained from mechanical means, and the not much better results following subcutaneous methods, surgeons are eager to apply to the treatment of hernia the principles that belong to operative surgery generally, and to adopt radical measures which, before the days of asepsis, were reserved as a last resort, or for cases of dire necessity.

It is no longer a question whether the hernia and ring shall be exposed and treated as any other open wound would be treated; this is now practically decided in the affirmative, but the discussion centers rather upon the method of dealing with the structures that compose the rupture, the anatomical parts that are concerned in permitting the protrusion, — the peritoneal sac, — and the abdominal ring. Differences of opinion upon these two steps of the operation have given rise to the various procedures that constitute the radical operation for hernia.

The open method of treating hernia is of comparatively recent date, the first mention of the operation being one performed by an English surgeon, Steele, who in 1874 cut down upon the ring of a large inguinal hernia, and sutured its pillars together. But in this operation there is no special mention made of the treatment of the sac, and we may regard the operation as no more than a practical demonstration of the feasibility of opening the abdominal cavity, and endeavoring to secure primary union between the edges of the opening made by the ruptured organs. The elaboration of the principle thus established is mainly due to Nussbaum, Czerny, Andaregg and others, who have each proposed a peculiar *technique*, chiefly

relating to the management of the sac, and the method of closing the ring.

Until Dr. MacEwen described his radical operation (*British Medical Journal*, Dec. 10, 1887,) with slight modifications, the general plan of dealing with the peritoneal sac, was to seek to establish union between its inner surfaces by ligating it as near as possible to its origin, after which the stump was pushed up into the abdomen. The borders of the ring were then sewed together, either with silver, silk or cat-gut, and the wound closed and drained. This general plan of operating has given most flattering results. But relapses have occurred, and when it has been possible to verify these by dissection, the point of peritoneal protrusion, — which anatomically indicates the spot of greatest weakness, — has usually been found near the stump formed by the ligated sac.

A study of the mechanism of the hernial protrusion offers an explanation of this. Though in the majority of instances the peritoneum is gradually forced in front of the protruding gut, it is probable that the serous membrane becomes thinned in some places by this over-distension. Such a place would naturally be where the sac begins, where it separates from the general abdominal lining. In applying the ligature, the practice, according to these methods, is to draw down the sac as far possible, with the object of making the peritoneum tense over the mouth of the ring, when the stump is returned into the abdomen, thus anticipating any tendency to bulging at that point. But the very act of drawing down the peritoneum increases the area of weakness that may exist at the neck of the sac. Moreover, unless the stump of peritoneum, which may be considered its strongest part, falls exactly over the ring and contracts adhesions to it, — a position very difficult if not impossible to secure by any degree of care in fixing the ligatures — only the parietal peritoneum covers the inside of the hernial opening, the particular part of which is probably less able to resist outward pressure than, for the reasons to which I have referred, other sections of the serous membrane would be. Hence the uncertain assistance which the peritoneum renders the abdominal ring when the sac is ligated and pushed up into the abdomen.

Dr. MacEwen, whose operation seems to be the most complete thus far proposed, differs essentially from other operators in his treatment of the sac, and also of the abdominal ring, though this part of the procedure possibly possesses less influence in determining results than was formerly believed. This surgeon's operation is based upon utilizing the peritoneal prolongation to form an intra-abdominal pad, which he places on the internal aspect of the hernial ring. His method of accomplishing this is ingenious.

I regret exceedingly that the opportunity did not offer, when I was in Scotland, last summer, of seeing Dr. MacEwen perform his operation, for apart from the pleasure of witnessing a skilful operation, it is always profitable to see a manoeuvre executed by its author; but I was in Glasgow at a time when Dr. MacEwen did not operate for hernia at the Royal Infirmary.

The operation, as described by Dr. MacEwen, consists in emptying the sac of its contents; freeing it from its external adhesions; separating it by means of the fingers from the cord,—inguinal hernia—and the peritoneum, for about an inch around the internal ring. The sac is then gathered with cat-gut, beginning at its distal extremity, and the folds thus formed, when the ligature is tightened, are drawn up into the abdomen and secured with a hernia-needle, which is made to pass through the “abdominal walls about an inch above the upper border of the internal ring,” where they lie as a pad of peritoneum on the inner aspect of the hernial opening. It will be seen that this method of dealing with the sac utilizes the redundancy of tissue to close the abdominal ring, for the pad, where it is secured, offers an actual obstacle to relapse that shall remain intact until the ring is sufficiently strong to withstand intra-abdominal pressure. The fate of this peritoneal pad is uncertain. As long as the cat-gut preserves its integrity, the position of the folds of peritonæum is assured, and the wedge shape of the pad maintained; but after the ligature becomes absorbed, the integrity of the wedge will depend upon the degree to which adhesions have taken place between the folds into which the ligature has thrown the membrane. That serous surfaces, when held in contact, require but little irritation to become firmly united, we find evidence in the cases of pelvic cellulitis, so frequently followed by *parametritis atrophicans*, that apply for relief, as well as in the recent results of intestinal surgery. Lembert demonstrated this fact, and, by so doing, gave an impetus to abdominal surgery, making operations possible that previously were not justifiable. But MacEwen's treatment of the sac does not bring together the free surface of the peritoneum in exactly the same way that suturing the intestines brings it together; and therefore it is a question whether that firm union between the folds of the sac—which Dr. MacEwen believes takes place,—remains sufficiently permanent to assist in effecting a cure. It is doubtful whether, in the course of months, these adhesions are not broken down, and the peritoneum becomes a smooth surface, as before the operation. In this event the principal part of the operation remains the treatment of the hernial rings, though upon this Dr. MacEwen, in common with a few other surgeons, has latterly laid little stress, believing that equally good results

are obtained when no attempt has been made to close the ring. It is difficult to understand why this should be, for we find that naturally, there are no openings in the inguinal region. The inguinal canals are rather loosely spoken of as openings, when, apart from the fascia which closes the rings, the space between these rings is strengthened, or brought in contact, by the valve-like relation of Poupart's ligament to the conjoint tendon; that is to say, Poupart's ligament rises above, and lies partly in front of, the arched border of the transversalis and internal oblique muscles, as well as the tendon of insertion formed by the joining together of these muscles. When the gut passes out of the abdomen, this valve-like relation of muscles is more or less lost, and the internal ring becomes a true opening, and is found almost directly behind the external ring. The inguinal canal is thus obliterated, and in its place a veritable opening exists. Anatomically, therefore, an operation for the cure of hernia is not perfect without an attempt to restore the original relations of the structures which compose the canal through which the viscus protrudes; but, practically, this may be opposite to the truth.

Dr. MacEwen's operation is the only one in which the treatment of the hernial rings is planned upon the normal relations of the parts involved; for it seeks not only to bring the pillars of the ring together and hold them there, but also, and at the same time, to draw the conjoint tendon down and out, and Poupart's ligament up and in, and make them overlap each other to such a degree as to bring about union between the under surface of the latter and the outer-surface of the former parts. In this way is reproduced, as nearly as possible, the natural relations of the muscular walls, and a closed canal, substituted for an opening.

Dr. MacEwen accomplishes the closure of the ring in the following manner: With special strong, curved-handle needles, a No. 4 cat-gut ligature,—chromacised, or prepared in juniper—is passed through the conjoint tendon from without in, then from within out, and the needle withdrawn upon the ligature. The position of the ligature will be thus:—a loop on the abdominal aspect of the conjoint tendon, and two free ends upon the external surface. The lower end is then threaded in the other needle, and carried through Poupart's ligament, "at a point on a level with the lower stitch in the conjoint tendon." This procedure is repeated with the end which has penetrated the upper border of the tendon. If the ligatures have been accurately applied—that is, if the penetrations in the conjoint tendon and Poupart's ligament fall opposite to each other, when they are tightened,—it will be found that the abdominal open-

ing is closed by a valve-like apposition of the conjoint tendon and Poupart's ligament, the former lying beneath the latter structure. Thus, to a considerable degree, the anatomical relations of the parts involved in the inguinal hernia are restored, only sufficient opening remaining for the passage of the spermatic vessels.

The after-treatment consists either in partial closure of the superficial wound, with drainage, or in treating it as an open wound, seeking to produce dense cicatricial tissue over the abdominal rings. Several surgeons prefer the latter method, thinking that it affords additional strength against relapse; but it becomes a question for pathology to determine, whether cicatricial tissue, being an inflammatory formation, may not in time suffer such a degree of atrophy as to endanger its strength; whether the broad mass of tissue in this situation may not, within a short time, yield to pressure, and so offer no further resistance to the return of the rupture. Results extending over one or more years will determine this point in the operation.

The following three cases, selected from a total of five, which represents the number of times I have performed the MacEwen operation, include two inguinal and one umbilical hernia. Both the inguinal ruptures occurred in males — one on the right side, the other on the left. The umbilical hernia occurred in a female. Of the two other cases, not included in this report, I have been able to learn nothing since they passed from under my care, at which time the ring was firm and evinced no disposition to yield. Both of these cases occurred in females, and were inguinal, the subjects belonging to a class of life that defies post-operative history.

CASE I. Right inguinal hernia — MacEwen's radical operation — Cure :—

Mr. H——, aged twenty-two years, was referred to me from Kansas City, Mo., by my friend Dr. Casseday, of that place. The rupture had existed for about one year, and had probably been caused by lifting heavy books, the gentleman being a bank clerk in Kansas City. The gut protruded at the external ring, but did not descend into the scrotum; it was easily reducible, but was retained within the abdomen with considerable difficulty. I ligated the sac after the method of MacEwen, returned it as an intra-abdominal pad, and secured the ring with cat-gut, lapping one pillar over the other, and introduced an absorbable drainage tube. The wound healed promptly, and in four weeks after the operation Mr. H—— returned home, the external ring at that time being occupied by a firm cicatricial mass. Two months after returning to Kansas City, he wrote to me that there was a slight bulging at the hernial opening. From his description of

the condition, I concluded that it was connected with the cicatricial tissue, and requested him to consult Dr. Casseday. Dr. Casseday confirmed my opinion. One year from the operation Mr. H— writes to me: "I am in better health, I think, than for several years. The rupture is cured." This case was not a severe one, and possibly not a perfect test for the method of operating that was adopted. But in some respects, it illustrated to advantage the mechanical support gained from the valve-like closing of the abdominal ring. From the size and position of the rupture the peritoneal sac did not, when gathered, form a large pad, and therefore the retention of the hernia was largely dependent upon the integrity of the ring.

CASE II. Left inguinal hernia. — MacEwen's radical operation. — Ligation of large masses of omentum. — Death on the eighth day from pneumonia: —

This gentleman, aged forty-nine years, had a very large left inguinal hernia that had existed for ten years. When down, it formed a tumor as large as a child's head. With considerable difficulty it could be only partly replaced; apparently, portions of omentum remained adherent to the sac. The operation was performed at the earnest request of the patient. Upon opening the sac, the intestine was found to adhere over almost its whole surface, and large masses of omentum were also attached to both intestine and peritoneum. The omentum formed such close and firm adhesions to the neck of the sac that it could not be returned. I was therefore obliged to ligate this in masses before I could close the ring. The quantity of omentum removed filled a small-sized dressing basin. The sac was ligated and the pillars of the ring were sutured, as already described, and the external wound closed without drainage.

Beyond considerable œdema of the scrotum and some ecchymosis, the healing of the wound progressed well, and, at the time of his death, the local conditions promised a cure. Lobular pneumonia, however, developed about the fifth day, and he died on the eighth day following the operation.

The complication in this case, and the condition which added greatly to the usual risk of the operation, was the necessity of ligating and removing such masses of omentum; and still it is not certain that this more than contributed to the fatal issue. The operation was of necessity a severe and prolonged one. Possibly we may look to the bronchia or the kidneys for the causes of death. Especially am I inclined to favor the former etiology, for the second day after the operation, a bronchial cough developed, without apparent cause. There may have been some latent pathology (though the lungs were carefully examined) that was developed by the ether. Certainly there

was nothing in the condition of the wound at the time of death that would indicate that as the determining factor.

CASE III. Umbilical hernia. — MacEwen's operation. — Cure : —

This patient was a very fleshy woman. The umbilical hernia had existed for several years. Occasionally it would come out and be with difficulty returned, giving rise at such time to severe pain. The operation presented no unusual complications. The sac was gathered and sewed inside of the ring, and the pillars of the ring were lapped over each other and secured with three gut sutures. The healing was complete and the wound firm three months after the operation. In this case there has not been the least tendency to a relapse.

The facility with which MacEwen's operation was here adapted to umbilical rupture leads to the belief that, in this method of operating, we possess a most valuable addition to our means of curing a frequent and troublesome lesion of parous women. These cases are peculiarly ill-adapted to the use of a truss, and are constantly a source of anxiety to those who would bear children. The radical operation, under our present aseptic methods, is comparatively free from danger, and promises satisfactory results.

THE FACULTY VALEDICTORY ADDRESS.

BY C. L. CLEVELAND, A.M., M.D.

Adjunct Professor of Materia Medica and Therapeutics in the Homœopathic Hospital College of Cleveland, Ohio. March 27, 1889.

LADIES AND GENTLEMEN OF THE CLASS OF '89 :— It becomes my pleasant duty on this occasion of the commencement exercises of the Homœopathic Hospital College of Cleveland, to present, in behalf of the Faculty of the institution, a valedictory address, — to say some words in the way of farewell before you leave us. On the morrow you will depart in various directions to the fields of labor which you have chosen for yourselves, or which circumstances may have largely chosen for you. It is, therefore, fitting that one of those from whom you have received instruction during the entire course of your preparatory study and observation, should express himself plainly to you in public. And, if I seem, in some measure, to depart from the methods of time-honored and justly-respected custom in such remarks as these, you may, at least, be assured that what I shall say is coupled with a sincere desire for your future welfare and success in the life-work which you are now prepared to enter. There is, doubtless, not one of you exempt from more or less anxious

thoughts regarding the extent of your success in the months and years to come, and perhaps some may even entertain at times the suggestion of the possibility of failure. You would be more than human if you did not. And with the view that it may afford encouragement and comfort, and possibly furnish some pleasant remembrances, as you go on in your journey in professional work, I will briefly sketch a few impressions made upon my own mind concerning the extent and nature of the obligations in the service to which you are now most cordially welcomed.

The term commencement exercises perhaps more appropriately applies to a medical institution than to colleges or universities of any other character; for the graduate in medicine at that time literally begins independently his life-long study, — a study ever fresh and never completed, — the body and mind of man and their relation to the conservative and destructive forces that exist in man himself, in nature, and in modern civilization. No matter in what department or departments of this vast arena of intellectual activity you may direct your efforts, a proper grasp of the great breadth, the true scope of medicine in its scientific and practical aspects is necessary to a broad, steady and continued individual progress therein. The work which you have pursued during the past few years has shown you how numerous are the pathways in medical study; you have the groundwork on which to rear the superstructure. It is doubtless perfectly patent to you that if you are to reach any higher round in the ladder of professional excellence than merely a reasonable competency (although this you are in duty bound to endeavor to secure), your intellect must ever reach out with restless dissatisfaction to the higher capabilities, not only of yourselves, not only of the communities in which you live, not only of your country, but of the whole human race as well. Your possibilities of self-culture are not to be limited by a one-sided development along the lines of practical utility alone. In fact, the demands of our advancing civilized life are rapidly becoming such that those physicians who do not enter, in some measure, into what is pointedly termed the "higher intelligence" of America, must ever remain more or less in the rear. And the complexity of modern life has, in its various phases, taken such proportions, that our professional work has become as different from that of our ancestors in medicine as the present daily lives of men generally differ from those of pioneers or early settlers. It is in consequence of this diversity in the marvellous material progress of our country, and all that is thereby entailed, that the present American age has been so aptly called, from a physical point of view, a neurasthenic age — an age of nervous

prostration in women, and nervous break-downs in men, or diseases having their origin in these conditions. There is, however, another feature, another side to this statement; for, instead of nervous exhaustion and diseases following in the wake of too great nervous strain, some complaints are beginning to be more frequent, which are always prone to follow great material prosperity — the diseases resulting from habits of luxury and self-indulgence, to call them by no worse names, and which as inevitably produce enfeeblement of mind and body at the present time as they did in the days of luxurious Rome, and rob men of their courage and heroic character, and women of their true beauty and best influence. May it always be within your power to instil into the minds of your patients that whatever will ennoble the heart, will surely (though sometimes indirectly) invigorate the body, strengthen the mind, and thus add to the duration of life. For after all our marked progress from the study of the material side of man's nature, we must remember that some diseases primarily arise from moral defects alone, which lead up to the violation of physical laws, even though these defects be not oft-times of a glaring character.

But there are powerful counter-currents to the tide of which I have just spoken. The past two decades have witnessed great strides in the practical application by governmental authority of sanitary principles. Many of the destructive forces in modern life have been eliminated; many others reduced to proportions which will doubtless permit of eradication during another period like that just mentioned. All that pertains to the homes of our people, not only in their supply of food and drink, but even in construction, in architecture and plumbing, in facilities for ventilation, in character and drainage of soil and sub-soil, have felt the impulse which the principles of sanitary science, discovered and developed almost exclusively by members of our profession, have put forth. These principles you understand, and the various methods of disinfection of the as yet unavoidable, destructive elements which enter our homes, you also understand. And, although adulteration of articles of food and drink has been somewhat checked by individual work, as well as by those whose business it is to investigate such matters, there is still room for no small amount of effort here. But it may be that we are at the dawn of a lasting physical renaissance; for if I view it correctly, never before has it been so generally recognized that the *mens sana in corpore sano* — a sound mind in a sound body — can neither be acquired if never possessed, nor maintained when reached, nor regained if lost, without systematic exercise, and that of a kind which gives pleasant, even exhilarating, recreation to mind and body, and not the drudgery of going through a

number of mechanical movements, which, because bereft of healthy enjoyment, serve only to weary and not to refresh. Gymnasia of most complete apparatus and competent corps of instructors are being established throughout the land, — gymnasia where girls, young women and women in mature life, as well as boys and men, can be skilfully taught how to exercise to the best advantage in each individual case, to aid in securing and preserving that greatest of human blessings, a healthy and vigorous body. And this is being done in such a way that it becomes, in a short time, a source of genuine enjoyment to the participants. The hand of wealth is offering prizes to scientific workers for popular essays upon topics which give instruction as to how to live to be free from such ailments as lie within the power of our present knowledge to avoid. And more general is the appreciation that many physicians and surgeons are doing constantly, — and, as a rule, with little or no remuneration, — a large amount of work for society in educating persons to care for those who are sick or injured; and more ready are those who are able to do so, to help, with money and influence, the physicians and surgeons engaged in such work.

Ladies and gentlemen, you are about to take your positions in the field which the few thoughts that I have just expressed have in some measure placed before you. You feel the responsibilities which you are assuming. The life into which you now enter, though rich in the higher rewards and pleasures of existence, is replete with hardships and temptations more varied and greater than most men have to endure. Almost wholly withdrawn from public observation and criticism in your professional duty, there is the greatest necessity that your conscience be your strong judge and counsellor. It is almost never possible for even the educated and intelligent to judge with any accuracy the wisdom of your prescriptions, or the advisability of any other measures you may adopt. When you are doing most for the sick, they, or their immediate friends, may occasionally, in times of great anxiety, think you are doing very little. Your very frankness or reticence may possibly at times be wholly misinterpreted. Objections may be made on account of your youth and inexperience, which you may feel to be quite unjust, since you have faithfully mastered the instructions which gray-haired experience, both written and verbally expressed, have given you. But in spite of these early disadvantages, the qualities and acquirements of your personal character can be rightly judged in the main; your industry and earnestness observed; and you can rest assured that the patronage of those persons who have not discerned that in this world there may be old fools as well as young ones, is scarcely worth possession. Of all things do not lose

your patience in the trials of your work, — not even if some poor soul should, like the excellent lady in one of the clinics, appeal to your sympathy with a minute description of a complaint which she terms “an awful attack of aurora borealis!” Indeed, such rare disorders are not to be lightly passed over.

You go out to begin your efforts to relieve and cure the sick and suffering, having graduated from an institution which holds and teaches that in prescribing medicines there is a natural law governing the relation which drugs bear to disease; and you have seen that this law, like the laws of chemical affinity, of gravitation and of light-diffusion, exists in nature, and not in any man's acceptance or rejection of it. Your observation has shown you that, even though at present imperfectly developed, this law, when carefully applied, is superior to all other known methods of prescribing medicines in the vast majority of non-surgical diseases to which human flesh is heir. The fact that during the earlier portions of this century medicine passed through the customary disturbance which accompanies important scientific discoveries, is the reason why it is necessary for you to graduate from a college of medicine bearing a distinctive title. It is unfortunate that our ancestors in old physic were not wiser; but you remember that in all the scientific discoveries recorded in this world's history, men have first ridiculed, then questioned, then thankfully adopted them. The time for ridicule has gone by; the time for questioning has gone by; and, although we have not reached the period of grateful adoption on the part of the medical profession generally, we have reached the period when some of the ablest and most advanced students and observers of the old school are forced to admit that homœopathy, at the very least, is a method of partial application in a fair proportion of diseases. Just so soon as it is seen to be a law of nature, there will be no necessity for distinctive schools in medicine. Consequently, whatever may have been the asperities of our medical grandfathers, it is a demonstrated fact that scientific medicine and its practical application, whether it be the application of the homœopathic law or not, can never be really advanced by taking up the quarrels of those who have gone before. In all your search for truth, do not permit any of the present divisions of medical thought to impede you in any way; and, inasmuch as the sick have a right to any skill which they can secure, it is your duty to consult with any reputable person desired. While you reserve the right to yourself to hold and propagate such conclusions as you believe to be true, you must, of logical necessity, generously accord him who is worthy of being your brother the same privilege.

Finally, in all your efforts, keep ever before you your ideal;

let this ideal be governed by principles, Christian in nature if not in fact, and "it will follow as the night the day" that success will sooner or later be yours. Your Alma Mater extends cordial greeting to you as members of her alumni and alumnæ, and says to you, for the present, farewell.

AN OPEN LETTER ON PATENT MEDICINES.

BY JOHN J. SHAW, M.D.

EDITOR OF THE NEW-ENGLAND MEDICAL GAZETTE.

Among all the legislation, which has been attempted, for the correction of abuses in medical practice, it is a curious fact, that in the direction of restraining the sale of patent medicines nothing has ever been done.

All physicians and many of the laity are fully aware of the injurious character of much of this medical treatment, yet strange to say nobody has ever attempted to bring it under the authority of law.

The ignorant practitioner, without special legislation, is still to a certain extent forced by law to keep within bounds, otherwise a suit for malpractice soon puts an end to his career; but the patent medicine vender does not seem to have the fear of God or man before his eyes, and in many cases his only idea in compounding his panacea, which he heralds forth as an absolute cure for all the ills which flesh is heir to, is to make it at as small an expense to himself as possible.

Another and more dangerous class are those who, with an incredible degree of carelessness of human life and human happiness, a fiendish determination to make money at all hazards to their fellow-men, do not hesitate to put into their mixtures drugs which, soothing the partakers with a false sense of benefit and a happy belief in returning health, curse them irremediably in mind and body.

The business is one of immense magnitude and holds the lay press in a grasp of iron through its extensive advertising, which renders it too great a source of income to be lightly meddled with.

It seems to me that the profession ought to take hold of this matter, and keep at it, until something is done to correct an evil which is certainly one of the greatest of the age.

In the direction of remedy I can only suggest one thing, leaving others to put forward such other remedies as may occur to them.

Every maker of patent medicine should be obliged by law to

put upon every package, in a distinct and intelligible manner, the formula by which it is made.

This seems to be the mildest remedy which can be effective ; it gives the taker the opportunity of knowing what he is swallowing, and does no injustice to the maker.

For every violation of such law by omission or falsification, a heavy penalty should be provided.

Yours resp'y,
Plymouth, Mass., April 13, 1889.

JOHN J. SHAW, M.D.

THREE CASES OF PUERPERAL CONVULSIONS.

BY E. H. ELLIS, M.D., MARLBORO', MASS.

[*Read Before the Worcester County Medical Society.*]

There is, perhaps, no malady in the whole field of medicine in which quickness of comprehension and ability to do something is needed more than in the one giving title to this paper. It is not my purpose to deal with the pathology of puerperal eclampsia, or detail the treatment previous to the attack, but rather to report, somewhat fragmentarily, certain cases where the primipara, being already present, anæsthetics played an important part and aided to a favorable termination.

Case No. I. Was called at 4 A. M. July 11, to Mrs. M—, puerpera, seventeen years of age, small and close built ; had been in labor about six hours ; Os. well dilated, head well down and in a normal position, but very large. She seemed to be progressing rather slowly when all at once I noticed a peculiar look to her eye, immediately followed by a twitching of the mouth. I had a case of ether with me, so lost no time, after the tonic part of convulsion had ceased, in bringing the patient under its influence, then transferring the charge of the ether to the nurse and applying the forceps, we soon delivered the mother of an eleven and a half pound boy. After getting the afterbirth more convulsions seemed imminent, so we continued giving the ether freely until 11 A. M., when we let her come from its influence. But no sooner was she conscious than a most powerful and violent convulsion seized her. We then continued the ether until 4 P. M., when she showed a tendency to a far less violent spasm. We still continued giving a moderate amount of ether until 8.30 P. M. ; then she seemed all right ; so much so, indeed, that she asked us to "get her something to eat instead of gaping at her." I stayed with her all night, giving her a mild dose of chloral, per rectum, every three hours as a precaution. Next day gave an ordinary remedy. In about two weeks she was about the house, enjoying her usual health. I will here state

that I had no opportunity previous to confinement to examine her urine or to question her ; but from her statements since made, she had had all the premonitory symptoms of convulsions.

Case No. II. Jan 6, I was called at 1.30 A. M., to see Mrs. S——, aged forty ; she had given birth to one child, which lived but a few hours ; was never a strong woman ; was seven months advanced in this present pregnancy. Five days before, she had had a convulsion ; since that time a regular physician visited her from four to six times a day, giving her, hypodermically and otherwise, from one-fourth to one-half grain of morphia every few hours, believing by so doing that he would be able to carry her to full term. But the convulsions came on violently on this morning in question, she having had three, one following the other. It was high time something was done. We put her under ether and sent for counsel, who agreed with me that labor must be induced. After five hours' tedious work we delivered a seven months' living child, who, however, died soon after delivery. My counsel was not sanguine in this case. When I urged the continuation of the ether, he said she would die ; if the convulsions did not kill her, the ether would ; but he thought she would die easier under ether than of the convulsions. So we continued with ether for about eleven hours, with chloral for a number of hours more. The recovery in this case was slow, but she has good health at present.

Case No. III. Was called as counsel in this case and assisted to its termination. It occurred in a doctor's family in a neighboring town. Patient was a primipara, aged twenty-eight, in eighth month of pregnancy ; her urine previous to the attack showed a large amount of albumen ; she had headaches, etc., but seemed very comfortable and well in other ways. My friend, the doctor, was kindling a fire down stairs at 6 A. M. ; had not seen his wife for three or four hours before, having been called away. He heard a strange noise up stairs. Running up stairs to his wife's room, he found her in a frightful convulsion ; he etherized her at once and sent for help. As soon as we could, we dilated the os. It was slow and tedious work, but after seven or eight hours had elapsed we had the satisfaction of delivering her of a living child. The convulsions still threatened at every opportunity, and no doubt, if they were allowed their full sway, would have ended the case summarily. But, to make a long matter short, we bought up all the ether and chloroform in town and sent for more. As nearly as I can recollect, between nurses and doctors, we continued anæsthetics for nearly sixty hours. From time to time we would lessen their administration, but if she showed any signs of convulsion, we continued again. We finally got to a safe place. She was wonderfully bright for one

who had taken nearly nine pounds of ether and chloroform and gone through so much ; she made a very satisfactory recovery, though a very slow one. The child is alive and well, despite of nurses' sayings, and being born in the eighth month.

These, gentlemen, are but crude facts ; but time has forbidden me a more elaborate description and discussion of these cases. To sum up, the indications are much the same in all cases. We should do what we can to act on the nervous system, so as to moderate central irritability and reduce reflex excitability to a minimum. Advocates of the c. m. might, perhaps, bring this about with one dose of an exalted attenuation of the "appropriate" remedy ; but I, in my fright and stupidity, depend chiefly on my anæsthetics, and hitherto they have served me well.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THE INSTITUTE MEETING—LETTER FROM THE PRESIDENT.

MIDDLETOWN, April 15, 1889.

To the Members of the American Institute of Homœopathy :

Your President sends you greeting, and wishes you all to remember that the annual session of the Institute will be held at Lake Minnetonka, Minnesota, from the 24th to the 29th of June, 1889. We urge upon every member the duty of attending these annual gatherings of our national organization, and we promise both pleasure and profit to all the members who assemble in June next upon the banks of that beautiful and historic lake—the pride alike of ancient Indian and modern American.

What we need is an earnest, enthusiastic and rousing gathering of the friends of homœopathy, in order that the dignity of our cause may be enhanced ; in order that the virtues of homœopathy may be better known and, therefore, better appreciated, and in order that the blessings which arise from the methods we have adopted may be as widely disseminated as possible among the people.

We ask all the members in the West to rally at Lake Minnetonka, because they may thus demonstrate the value of holding meetings in that locality. We ask all the members in the East to visit the West and to show their appreciation of their Western brethren, and of the hospitality and cordial welcome which they will receive in the State of Minnesota. We ask the brethren from the South to go up during the hot month of June from the torrid breath of the Southern slopes to the cool and refreshing breezes of the great North wheat State. We ask the members who dwell upon the Pacific slope to come East and enjoy once more the friendships of former days.

We especially urge the chairmen of the various bureaus to work with vigor and energy during the next two months, for the purpose of insuring a large number of valuable papers to be read at the meeting. And we also urge upon the various chairmen the propriety and the duty of securing these papers as soon as possible, in order that a careful and full synopsis of each essay may be incorporated in the report which each chairman is expected to make. We expect all who are interested in our cause to do their utmost to make the next meeting of the American Institute an assured and triumphant success. "Naught more we ask, nor less will have."

SELDEN H. TALCOTT, President.

THE RAILROAD COMMITTEE

have completed arrangements by which a special train will be run from New York to Lake Minnetonka, without change, provided a sufficient number of members will agree to go at the same time. The New England members will join the train at Albany, and stops will be made at the principal cities to accommodate members *en route*, as the train proceeds westward, arriving at Lake Minnetonka at 3 P. M. Monday. Members and others wishing to join the train will please leave their names with Dr. Talbot, Boston; Dr. Helmuth, New York; Dr. James, Philadelphia. After the close of the session, round-trip tickets from Minneapolis to the Yellowstone Park and return (2166 miles), including sleeping car, dining car, stage coach, and five and one-half days at Park hotels, for \$110. This trip will take about ten days.

H. C. ALLEN,

Chairman of R.R. Committee.

THE BUREAU OF GYNÆCOLOGY

will devote the coming session to the consideration of "Diseases of the Female Bladder and Urethra." The chairman's address, in general session, will consist of a synopsis of the bureau report, with thoughts and comments upon the general subject.

The following programme will be presented, viz.: "Urethritis, Acute and Chronic," by M. T. Runnels, M.D., of Kansas City; discussion of same to be opened by S. P. Hedges, M.D., of Chicago.

"Acute Cystitis—Ætiology, Diagnosis and Treatment," by J. C. Wood, M.D., of Ann Arbor; discussion of same to be opened by O. S. Runnels, M.D., of Indianapolis.

"Chronic Cystitis," by J. W. Streeter, M.D., of Chicago; discussion of same to be opened by Phil Porter, M.D., of Cincinnati.

"Some Anomalous Affections of the Urinary Organs in

Women," by R. Ludlam, M.D., of Chicago ; discussion of same to be opened by T. G. Comstock, M.D., of St. Louis.

A general invitation is extended to all members of the Institute to present any valuable experience or observations bearing upon these or kindred subjects during the general discussion following the above report.

ALBERT CLAYPOOL, M.D., Chairman.

L. A. PHILLIPS, M.D., Secretary.

SOCIETIES.

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MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting of the Massachusetts Homœopathic Medical Society was held at Steinert Hall, Boston, Wednesday, April 10, and at Westborough, Thursday, April 11, 1889.

FIRST DAY'S SESSION.

The meeting was called to order at 1 P.M. by the Vice-President, James Hedenberg, M.D., Medford ; the President, J. W. Hayward, M.D., Taunton, having suffered a painful accident, which made it impossible for him to be present.

H. C. Clapp, M.D., Treasurer, presented the following report :

Massachusetts Homœopathic Medical Society : —

TREASURER'S REPORT 1888-9.

| | |
|---|-----------|
| Cash balance in Treasury, April 11, 1888, | \$ 954.79 |
| Collected during the year, | 950.40 |
| | <hr/> |
| | 1905.19 |
| Expenses during the year, | 1065.69 |
| Cash balance in Treasury, April 10, 1889, | 839.50 |
| | <hr/> |
| | \$1905.19 |

H. C. CLAPP, M.D., *Treasurer.*

AUDITOR'S REPORT.

I have this day examined the books and accounts of H. C. Clapp, Treasurer, and find them properly kept, correctly cast, and vouchers for all disbursements.

A. J. FRENCH, M.D., *Auditor.*

Boston, April 10, 1889.

The following candidates were elected to membership : John W. Bosworth, M.D., Roslindale ; Charles L. Seip, M.D., New Bedford ; Herbert A. Chase, M.D., Cambridgeport.

The chair then announced that the polls would be open from 2 P.M. to 6 P.M. for the election of officers for the ensuing year, and appointed the following tellers to receive, sort, and count ballots: F. A. Gardner, M.D., O. W. Roberts, M.D., Lamson Allen, M.D.

REPORT OF THE COMMITTEE ON CLINICAL MEDICINE.

H. E. Spalding, M.D., *Chairman.*

Subject, Typhoid Fever:—

1. Statistics. H. E. Spalding, M.D.
2. History. J. K. Culver, M.D.
3. Ætiology and Diagnosis. B. T. Church, M.D.
4. Pathology, Morbid Anatomy and Concomitant Diseases.
H. M. Hunter, M.D.
5. Treatment, Medicinal and Dietetic. J. J. Shaw, M.D.
6. Sequelæ. D. B. Whittier, M.D.
7. Purpura Hæmorrhagica: A Clinical Study. Prosper Bender, M.D.

DISCUSSION.

Dr. H. L. Chase spoke of the account furnished by him to Dr. Spalding and called attention to cases of typhoid, caused by the contamination of milk by water from a well in the country. Has had very few cases of true typhoid, but very many cases closely simulating it. Believes that typhoid originates always from a specific germ, but holds that many so-called cases of typhoid are really cases of septic fever caused by filth.

Dr. E. U. Jones said that, in his capacity of health officer, he had found that a large proportion of cases reported as such were not typhoid at all. Believes that in those hepatic forms of enteric fever, with foul, loose discharges coming on in the second week, baptisia will be found of great benefit. Also wished to speak of this remedy as a true antiseptic in erysipelas.

Dr. N. R. Morse protests against the supposed usefulness of a board of health, and the publication of the number of cases of typhoid or other contagious diseases, saying that, in his opinion, a knowledge of the presence of such diseases demoralizes the people and thus increases the danger of contagion.

REPORT OF THE COMMITTEE ON OBSTETRICS.

G. R. Southwick, M.D., *Chairman.*

1. Dystocia, from faulty condition of soft parts. Walter Wesselhoeft, M.D.
2. Same subject. Geo. H. Earl, M.D.

3. Third Stage of Labor. Sarah E. Sherman, M.D.
4. Case of Hyper-emesis of Pregnancy. Emily Bruce, M.D.
5. Case of Triplets. G. A. Slocomb, M.D.

DISCUSSION.

Prof. J. C. Wood, of Ann Arbor, said that in conducting a case of labor the accoucheur should ever keep in mind the processes of nature. He should remember the normal conditions of the cervix, and that dystocia is only a relative term. If we have dilatability and retractibility with interval of repose we have a natural condition. Dystocia may be due to too persistent contractility, and Prof. W. has here found anæsthetics and anodynes of great use. Prefers in early stages to use chloroform where there is undue contractility; also uses chloral hydrat. grs. xx in water, and finds it relaxes rigid cervix. He fully indorses hot water applications. In rigid perineum, with feeble pains, uses anæsthesia, and in this condition cannot urge too strongly the use of hot applications; has found a solution of lobelia in hot water of great value.

Dr. C. E. Fisher, of Chicago, formerly of Texas, wished to hear from the homœopathic treatment of dystocia. He thought rigid os to be due to reflex irritability and has relieved it by cham., bell., gels., etc. Has used only hot water to relax the perineum.

Dr. Fisher spoke with delightful enthusiasm of the opportunities of homœopathy in the South, and of the need there of young graduates to fill the many good openings.

Dr. A. M. Cushing related cases illustrating the successful use of amyl nitrite instead of chloroform or ether.

Dr. G. H. Earl explained that his paper was confined to the mechanical management of dystocia, and did not wish the omission of remedies to be construed as a disbelief in their efficacy. In regard to the application of heat, he preferred the hot douche to the hot bath.

Prof. Wood wished to state that his faith in the indicated remedy is great; he did not ignore internal medication, but in his remarks was rather considering expedients. Thought that chloroform should not be used until there is some dilatation of the cervix. At the outset of labor an anæsthetic is useless.

Dr. Newton spoke of the successful use, by the Eclectic School, of lobelia, bell., and cimicif. for these conditions. Dr. Newton thinks it much better to have a ruptured perineum than an over-stretched one.

REPORT OF COMMITTEE ON OPHTHALMOLOGY AND OTOTOLOGY.

H. P. Bellows, M.D., *Chairman.*

Dr. Bellows presented a most interesting paper entitled, "Kali Mur. in Aural Diseases."

REPORT OF COMMITTEE ON ELECTRO-THERAPEUTICS.

W. H. White, M.D., *Chairman.*

1. Treatment of Membranous Dysmenorrhœa with Electricity. C. E. Gary, M.D.
2. Treatment of Chronic Metritis. W. H. White, M.D.

DISCUSSION.

Dr. L. A. Phillips, referring to Dr. White's paper, asked if electricity cured the malposition as well as the enlargement. Dr. White replied that it did in the case spoken of. Dr. Newton inquired if Dr. White really reduced the body of the uterus by his treatment. Dr. White replied in the affirmative, and in answer to question by Dr. Utley stated that he favored short sittings often repeated, preferring sittings of three minutes' duration to longer ones; also spoke of the importance of having the patient remain quiet for some time after an application of electricity.

Dr. J. K. Warren spoke of the importance of specifying the strength of the current and the length of the sittings. The number of cells does not indicate anything definite.

The report of the necrologist, E. U. Jones, M.D., was read by the secretary and contained eloquent tributes to the memory of Drs. Charles H. Walker, Lafayette Macfarland, John A. Burpee, Elam C. Knight, Henry B. Clarke, G. Felix Matthes, and Ellen S. Getchell.

The election of officers resulted as follows: President, H. A. Houghton, M.D., Charlestown; Vice-Presidents, James Hedenberg, M.D., Medford; F. B. Percy, M.D., Brookline; Corresponding Secretary, J. Wilkinson Clapp, M.D., Brookline; Recording Secretary, F. C. Richardson, M.D. East Boston; Treasurer, H. C. Clapp, M.D., Boston; Librarian, A. J. Baker, M.D., Boston; Censors, J. W. Hayward, M.D., Taunton; A. J. French, M.D. Lawrence; E. P. Colby, M.D., Wakefield; W. Wesselhoeft, M.D., Cambridge; D. B. Whittier, M.D., Fitchburg.

Dr. H. C. Clapp, chairman of the Committee on Transactions appointed by the Executive Committee, stated that the committee's report was to the effect that, as the society's expense had, through various causes, proved for the last four years much in excess of its income, retrenchment in some direction was an evident necessity. The bill for the publication of the transactions, in the bulky volume in which they had hitherto appeared, was an exceedingly heavy one. Publication of the papers presented to the society and approved by the publication committee, in a single magazine with which contract could be made, would be a vast economy and entail no practical loss to the society.

After considerable discussion, the following motion was carried unanimously :

Moved, that the report be accepted and the committee be requested to make the best arrangement possible for the publication, monthly, in some medical journal, of the transactions of this society.

Dr. L. A. Phillips, presented in writing the following amendment to By-Law No. 4: Striking out the clause "and shall also furnish a list of two candidates for each office of the society for the ensuing year."

After the transaction of routine business the meeting adjourned.

Supper for members of the society and their guests was served at Hotel Thorndike at 8 P.M. Nearly one hundred ladies and gentlemen sat down at the tables. Among these, as guests, were Dr. Henry M. Paine, of Albany; Prof. James C. Wood, of Ann Arbor, Mich.; Dr. C. E. Fisher, of Chicago, and Dr. S. H. Vehslage, of New York City.

The company having been called to order, Dr. J. Heber Smith, as toastmaster, announced as the first toast,

"Dr. Samuel Hahnemann."

"On the tenth day of April, in 1755, at Meissen, in Saxony, was born the founder of our school of practice. One hundred and thirty-four years ago he first drew vital breath in the humble home of a porcelain painter, who was destined to reform medicine, and on this anniversary of his birth we pay the best tribute of respect to his memory in a thoughtful and just estimate of his influence.

"I call Dr. Conrad Wesselhoeft, author of the most perfect translation of Hahnemann's *Organon*, and for the past sixteen years the painstaking and discriminating expounder of the principles of homœopathy, to students, as therein enunciated."

[Dr. Wesselhoeft's response is to be found on page 202 of this issue of the GAZETTE.]

The next toast was one general to the "Profession of Medicine."

"The homœopathists of Massachusetts offer greetings to all doctors of medicine; but behind no closed doors, nor under cover of any flag-of-truce, reiterate their principles, to which they have pledged their lifelong devotion."

Dr. Walter Wesselhoeft responded to this toast as follows: [Vide p. 205 of this issue of the GAZETTE.]

Dr. I. T. Talbot then responded * to the following sentiment :

* See p. 209 of this issue of the GAZETTE.

"Solidarity the Need of the Hour in Medicine."

"Consolidation of interests and responsibilities among *physicians*, without regard to medical beliefs or sects, the only way open to the commanding of public esteem, and the ultimate protection of the people from inferior medical and surgical service."

Other toasts included, "The Physician, a Public Teacher as well as a Practitioner," responded to by Dr. Edward L. Mellus; "Women in Medicine," by Dr. Adeline B. Church, of Winchester, and "Homœopathic Surgeons," by Dr. Alonzo Boothby. Prof. Wood, Dr. Fisher and other gentlemen also addressed the gathering.

Shortly before 11 o'clock the post-prandial exercises were brought to a close.

SECOND DAY'S SESSION.

The second day's session was held at Westborough Insane Hospital, Thursday, April 11, 1889, about seventy members of the society being present. Lunch, furnished by the society, was served at 1 P.M., and after inspecting the hospital the members assembled in the chapel and listened to the following

REPORT OF THE COMMITTEE ON INSANITY AND NERVOUS DISEASES.

E. P. Colby, M.D., *Chairman*.

1. Paranoia. George S. Adams, M.D.
2. General Paresis. Amos J. Givens, M.D.
3. Acute Mania. Dr. Wiswell.
4. Acute Melancholia and Feeding. Dr. Nivison.
5. Cerebral Surgery and Localization. N. Emmons Paine, M.D.

These papers were all illustrated by typical cases selected from the wards of the hospital, which added greatly to the interest and value of the report. During the session one side of the room was screened off and devoted to pathological work under the charge of George O. Welch, M.D., who presented and explained many interesting and instructive microscopical specimens.

At 4.49 P.M. the train was taken for Boston, where the members arrived at 6 P.M., well satisfied with the forty-ninth annual meeting of the Massachusetts Homœopathic Medical Society.

FRANK C. RICHARDSON, M.D.

Rec. Sec'y.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular monthly meeting was held April 4th, 1889, at No. 5 Park street, President Jas. Hedenberg, M.D., in the chair.

Dr. Chas. H. Fessenden, of Newton Centre, was elected to membership.

Dr. Alonzo Boothby gave a paper entitled, "Operation for the Radical Cure of Hernia," and in connection with this, reported a number of cases in which the operation had been entirely successful; he further stated that since operating in the manner described the results had invariably been satisfactory.

The doctor first spoke of various methods which had been employed for the cure of hernia, — among these, the injection of some fluid setting up inflammatory action; the introduction of a ligature around the sac; the attempt to pucker the peritoneum so as to form a kind of plug to the opening through which the hernia descends. All these have proved uncertain at best.

"I have followed McBerney's method, which consists in cutting down to the hernial sac, and uncovering this by careful dissection.

"The sac is then ligated and deep sutures introduced as far as the peritoneum, thus matting the tissues together. In bad cases it would seem allowable to include the peritoneum, causing adhesive inflammation between the peritoneum and abdominal walls."

Then followed eight interesting cases showing different points of the subject.

DISCUSSION.

Dr. Sherman related a case operated upon thirty-one years ago.

Dr. Packard—I treat these cases as I would any other breach in the abdominal wall by freshening the edges and bringing them together after ligation and removal of the sac. In umbilical hernia, when the opening is circular, it is better to take out a piece, making an elliptical opening.

In cases where the hernia is strangulated and there is gangrene of the bowel, a recent procedure, known as lateral approximation for establishing the continuity of the bowel, seems to promise good results.

Dr. Talbot—I agree with Dr. Boothby in the advisability of removing the large protruding mass, which will always be in the way if put back into the abdominal cavity. About thirty years ago I saw Dr. George Heaton operate upon a case of strangulated hernia. A large gangrenous mass came down, which was removed; but the bowel, although looking very dark, was returned

to the abdominal cavity, and recovery followed. In speaking of Dr. Heaton, his method must be mentioned.

In certain cases it seems not advisable; for instance, in old persons, or where the walls are very thin, but in recent cases and in children this method should not be overlooked.

Dr. Hedenberg reported a case.

Dr. Powers—In the operation described by Dr. Boothy there is made a dense, firm cicatrix that must be stronger than the original abdominal wall, but the time required is longer than in healing by first intention.

Dr. Boothy—The objection to trying to make a seam by first intention is, that in many cases the parts do not lie closely together and there will be a drawing apart.

Dr. Phillips—Is it advisable in the lesser forms to leave an open wound? It seems to me that immediate closure, unless there is a large protrusion, would be sufficient.

Dr. Talbot—I have lately seen a case which was thought to be hernia; there was a purple swelling on the right side over the cæcum. Great relief was afforded by a coil kept at a temperature of 40°. The swelling subsided after three doses of dioscorea 2x. Spasmodic constrictions of the bowel have often been relieved by this remedy.

S. S. WINDSOR, M.D.

Secretary.

REVIEWS AND NOTICES OF BOOKS.

A STUDY OF MAN, AND THE WAY TO HEALTH. By J. D. Buck, M.D. Cincinnati: Robert Clarke & Co., 1889. 302 pp.

The key-note of the philosophy of this sincerely thoughtful work seems to be the idea of polarity. In all things, from lesser to greater, there exists a cosmic duality; a positive and a negative: two forces, whose opposing and equal influence makes entity, individuality and life. "Polarity is also the basic factor in pathology, no less than in physiology and therapeutics. . . . Polarity not only determines the relation of the sexes, but determines sex itself. To vivify is to polarize. . . . Observation and experience, fact and phenomena reveal this law as everywhere existing and everywhere operating, from atom to sun and from monera to man. It is cosmic and universal. It divides the substance of the whole creation into spirit and matter; the one positive and the other negative—two poles of one substance." Thus room is left for an explanatory theory of the mysterious dual nature of man: the physical springing from material evolution; the spiritual from divine involution. From this standpoint many old and perplexing problems are

viewed and discussed: the relations of matter and force; the universal ether; the character of phenomena; polarity; the matter of life; the forms of life and the functions of organisms; a concise outline of the structure and functions of the human body, from which is deduced the philosophy of physiology, and upon which is laid the foundations of the science of psychology. Then follows a section on consciousness and psychic phenomena in general; a chapter on health and disease; a section on sanity and insanity; and the work closes with a section on the higher self, the archetypal man.

The work is pre-eminently one for study and thought, and not for a single or superficial reading. Many of its positions are strikingly in accord with those of the Swedenborgian philosophy; and readers measurably familiar with the latter system of thought will find Dr. Buck's theories to need little elucidating. The moral plane of the book is notably high and pure, and its idealism and optimism contagious and inspiring. As an introduction to psychological thought, the student of medicine—who will never attain his highest possibilities without being also a student of psychology—will find the work illuminating and suggestive.

THE SKIN DISEASES OF INFANCY AND EARLY LIFE. By C. M. Campbell, M.D., C.M. London: Ballière, Tindall & Cox., 1889. 200 pp.

The author of this unpretentious little volume has succeeded in giving to the profession a highly practical treatise on his wisely limited theme. Its pages are full of valuable hints on the hygiene of the skin and prevention of skin troubles in infants and children. The short introductory chapter on the physiology and histology of the skin, is alone worth the price of the book. All the chapters, indeed, are terse to a degree; clear, practical and up to date. The medical treatment recommended is, it is true, empirical; but the hygienic and dietetic treatment is rich in good sense, and will commend itself to physicians of all schools. In the treatment of syphilis the usual caution is given against the too free use of mercury and the iodides. The remark that these "double-edged" weapons are to be used only as "the least of the evils," suggests that the minimum dose is far, as yet, from universal adoption. The little work, as a whole, is well worth possession and study.

HANDBOOK OF THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE THROAT, NOSE AND NASO-PHARYNX. By Carl Seiler, M.D. Philadelphia: Lea Bros. & Co. 373. pp.

Most of the diseases occurring in the regions indicated in the title of this book are classed among the minor ills from which

humanity suffers, but judging from the seventeen chapters here devoted to them, with their hints of the suffering caused by them, they form no insignificant list. The book is one of the class of handbooks so favorably regarded by the busy practitioner, on account of the minimum quantity of theory and maximum amount of practical ideas and facts contained therein. This is the third edition of a book admirably adapted to the needs of the student and general practitioner, whose time does not permit exhaustive inquiry into any single and special line of practice. The favorable impression made by former editions will be only increased by study of the present one. A new chapter on the physiology of the voice and articulate speech, and one on vaso-motor coryza, with additional wood-cuts and two excellent colored plates, are the distinctly novel features of the present edition. The chapter on chronic pharyngitis, and the one on hay fever, exhibit more markedly, perhaps, than others the changes in theory and practice due to increased experience and thorough methods of investigation. That this edition will make the book more popular even than its predecessors is no doubtful prophecy.

A PRACTICAL TREATISE ON NERVOUS EXHAUSTION. By Geo. M. Beard, A.M., M.D. Edited by A. D. Rockwell, A.M., M.D. New York: E. B. Treat. 1889. 254 pp.

Dr. Beard's classic work on the phenomena which "he was the first to formulate and label," is admirably edited by Dr. Rockwell. In his brief but very interesting preface the editor warns the student against the error of confusing, as he fears Dr. Beard may sometimes have done, the lithæmic with the neurasthenic patient; the former presenting to a superficial study many symptoms in common with the latter, but demanding totally different treatment; "not rest, but mental and physical activity; less rather than more food, depletion rather than repletion;" a distinction which, now that not to be a "neurasthenic" is distinctly unfashionable, the practitioner much needs to bear in mind. Dr. Beard's own work is one which the every-day practitioner will find very useful in the study of what may unfortunately be called every-day nervous diseases. The treatment, especially the purely hygienic treatment, is that which experience and common sense have long proved efficacious; the use of fats, massage, mental therapeutics, electricity, etc. In the present form the work is of modest price, and should have wide popularity.

ESSENTIALS OF PHYSICS AND CHEMISTRY. By Condict W. Cutler, M.S., M.D. Third edition. New York: G. P. Putnam's Sons. 1889. 296 pp.

The author may justly congratulate himself upon the favor

with which his excellent and practical work has been received, and which has necessitated so early an appearance of a third edition. It is candidly intended to be a somewhat exhaustive quiz-compend, not a work for first study, but one to consult in quick emergency, as on the eve of examination, for the gist of the information already acquired in detail. It will undoubtedly save the student from "cracking many shells to obtain a small amount of meat," and there is every reason to prophesy that its third edition will be far from its last.

The April CENTURY dwells, in the Life of Lincoln, on the stirring times of the "Enrollment and Draft;" has a timely paper on "Some Aspects of the Samoan Question," by George H. Bates: there is a very fresh and touching tale of southern life, which Viola Roseboro' calls, "A Jest of Fate," and an extremely droll sketch of "A Born Inventor," by H. S. Edwards. The "Washington Centennial" is recognized by several richly illustrated papers. The verse of the number is extraordinarily good, particularly that of "Bric-a-brac." New York: The Century Co.

THE POPULAR SCIENCE MONTHLY has several papers of great interest to physicians; among them "The Psychology of Spiritualism," by Prof. Jastrao; "The Derivative Origin of the Human Mind," by G. J. Romanes, and "Science and Christian Science," by F. A. Fernald. The latter article very ably demonstrates the position of so-called mental healing in legitimate therapeutics. New York: D. Appleton & Co.

BOOKS RECEIVED.

A CYCLOPÆDIA OF DRUG PATHOGENESY. Part IX. Iodoform — Magnesia. Edited by Richard Hughes, M.D. and J. P. Dake, M.D.

AMERICAN RESORTS, WITH NOTES UPON THEIR CLIMATE. By Bushrod W. James, A.M., M.D. Philadelphia and London: F. A. Davis.

PSYCHOLOGY AS A NATURAL SCIENCE APPLIED TO THE SOLUTION OF OCCULT PSYCHIC PHENOMENA. By C. G. Raue, M.D. Philadelphia: Porter & Coates.

PHYSIOLOGICAL NOTES ON PRIMARY EDUCATION AND THE STUDY OF LANGUAGE. By Mary Putnam Jacobi, M.D. New York and London: G. P. Putnam's Sons.

A MANUAL OF DISEASES OF THE EAR. By Albert H. Buck, M.D. New York: William Wood & Co.

DISEASES AND INJURIES OF THE EAR: THEIR PREVENTION AND CURE. By Charles Henry Burnett, A.M., M.D. Philadelphia: J. B. Lippincott Co.

ELECTRICITY IN ITS RELATION TO MEDICINE AND SURGERY. By Wm. Harvey King, M.D. New York: A. L. Chatterton & Co.

SUGGESTIVE THERAPEUTICS. By H. Bernheim, M.D. New York: G. P. Putnam's Sons.

ERRORS OF REFRACTION. By Francis Valk, M.D. New York: G. P. Putnam's Sons.

THE INSANE IN FOREIGN COUNTRIES. By W. P. Letchworth. New York: G. P. Putnam's Sons.

EIGHTEENTH ANNUAL REPORT OF THE STATE HOMŒOPATHIC ASYLUM FOR THE INSANE AT MIDDLETOWN, NEW YORK.

PERSONAL AND NEWS ITEMS.

—:O:—

DR. E. J. MORGAN, JR., has removed from Ithaca, N. Y., to Tarrytown, where he has established a sanitarium, more especially for surgical and nervous diseases. Dr. Morgan's reputation as an accomplished surgeon and skilled physician will undoubtedly fill his sanitarium to overflowing.—*New York Medical Times*.

DR. CONRAD WESSELHOEFT has removed his office and residence to No. 291 Boylston street, between Exeter and Dartmouth streets.

DR. J. P. SUTHERLAND has removed to No. 157 Newbury street.

DR. H. K. BENNETT is compelled to take a much needed rest, consequently his Boston office will be closed after May 1 until further notice.

THE "Indiana Institute of Homœopathy" will meet at Indianapolis May 14 and 15.

LUCY APPLETON, M.D., has removed to No. 589 Tremont street, Boston; her office hours will be until 9 o'clock A. M. and from 2 to 4 P. M.

S. H. JACKSON, M.D., has removed to No. 325 Centre street, Roxbury; office hours until 9 A. M., 12 to 2 and 5 to 7 P. M.

HENRY C. HALLOWELL, M.D., formerly of Auburn, Me., has associated himself with Dr. C. M. Marstin, at Quincy, Mass.

DR. W. B. ROBINSON has removed from East Hampton to Shelburn Falls, Mass., having taken the practice of Dr. A. E. Willis.

DR. G. F. A. SPENCER, of Barre, Mass., has been appointed by Governor Ames Medical Examiner for the district of Barre, Hardwick, New Braintree, Oakham and Rutland.

The writings of the late Dr. J. MILNER FOTHERGILL contain many passages which are true aphorisms. No truth could be more tersely and forcibly said than that in the passage from his *Manual of Dietetics*: "A suspicion that there is a difference between merely getting food down into the stomach and its digestion is abroad, and that a tablespoonful of milk and Mellin's Food, which is digested, is really better for the patient than a beefsteak which simply passes through the alimentary canal. To supply to the much-tried organism that which it really requires is to give the most efficient help to it."

In these days, when food adulteration is so common, it is a comfort to find an article for the table that is thoroughly reliable. Walter Baker & Co.'s breakfast cocoa is eminent in this limited class. No chemicals are used in its manufacture and it is absolutely pure. It forms moreover, a delicious and healthful drink, as refreshing as, and more nutritious than, tea or coffee, and free from the injurious effects that those beverages sometimes produce. And it is very cheap, withal. The house of Walter Baker & Co. has maintained, for more than a hundred years, a great and honored repute by the excellence and purity of its manufactures.

PURER AIR FOR THE SICK-ROOM.—Every careful physician realizes the vital importance of keeping the atmosphere of the sick-room as sweet and pure as possible; yet we believe every one has also found it a most difficult thing to do under many circumstances. A draught of cold air cannot always be permitted, while to be obliged to remain in a room not properly ventilated, is at least disagreeable to the attendants and far from refreshing to the sick. A simple method, undoubtedly resorted to by many physicians, and which all should know about by experience, is to simply moisten a towel or sheet in a mixture of one part Platt's Chlorides in four parts of water, waft or snap this wetted fabric about the room a few minutes, and then suspend it to the gas bracket or hook, or from the back of a chair. This solution has no odor, but the strong chemical affinity of the chlorides for noxious gases is such as to absorb the poisonous exhalations in the room, while the additional equivalent of oxygen given off by the chlorides adds a most grateful and refreshing element to the air. Repeated three or four times each twenty-four hours costs but little in time or money, and may add just that one element essential the life of the patient. Platt's Chlorides has been successfully employed as a sick-room or household disinfectant for many years, and is held in the highest esteem by the most eminent practitioners.

THE NEW-ENGLAND MEDICAL GAZETTE.

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VOL. XXIV.

Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers,
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EDITORIAL.

—:O:—

THE NEW TREATMENT OF CARCINOMA.

A new treatment of carcinoma, — new at least, as far as method is concerned, and in this direction alone its author modestly claims originality, — is set forth, at length and in detail, in a profoundly interesting paper by Dr. J. S. Mitchell, published in the May issue of our much-esteemed contemporary, the *Medical Era*. The paper is not only of the highest value and interest as far as subject-matter goes: it is written with an honesty and a modesty which are exceptional and refreshing; claiming nothing, suggesting much; giving grounds and methods of experiment, that each and all may apply the ultimate test of personal experience; and lastly and invaluablely, reporting every case of failure side by side with every case of success, openly, candidly, as one who desires the truth far above any worshipped theory or personal glory. Such work, so chronicled, must rejoice the heart of every unselfish worker. We deeply regret that the crowded state of our columns forbids our reproducing Dr. Mitchell's article in full. We trust, however, that such account as we are able to give, will induce all our readers to possess themselves, at once, of the original paper. Further, we trust that they will give Dr. Mitchell's method faithful test, in their own practice, in the sorrowful cases toward the cure or alleviation of which it is hopefully directed. The GAZETTE will receive, with warmest pleasure, any records of such test, whatever the result.

Dr. Mitchell, — whose clear and terse style defies any attempt at summarizing, — thus explains his method: —

"I have never desired, nor do I now, to be a cancer specialist. Chance threw in my way a case of squamous epithelioma, which had been the subject of treatment for a year by excellent authority, and yet grew steadily worse. In considering what could be done for this case, I hoped that some drug might be found which would be of service. In looking over the literature of the subject, arsenic appeared to be the favorite ingredient of the recognized caustics. As far as could be ascertained, it was also the basis of many so-called cancer cures. The reported cures in homœopathic journals also showed that a large percentage was effected with this drug. But as I failed to find that any one in our school had reported more than one case as cured, and as the old school had largely abandoned even the Vienna, Marsden, and London pastes for the knife, it was fair to conclude that, in the minds of the profession, it was by no means clear that its value was definitely established. With so much evidence in its favor, it seemed to me likely that its frequent ineffectiveness could be traced to faulty methods of use. The next conclusion was that homœopathy, through its superior methods of drug preparation, might afford a solution of the problem. I therefore determined to make thorough trial of different potencies, and selected first for external application the second decimal trituration, and for internal use, the third of arsenicum alb. The following clinical history will give the results, which, for certainty of action and for effectiveness, are, so far as my knowledge goes, without a parallel in therapeutics. I desire to narrate a plain, unvarnished tale, chronicling failures as faithfully as successes."

The "clinical history" referred to comprises detailed narratives of twenty-five cases treated with varying degrees of success. They are thus tabulated for a "bird's-eye view":—

RESULTS TABULATED.

| CASE. | VARIETY. | RESULT. |
|-------|--|--|
| 1. | Epithelioma of Breast. | Cured. |
| 2. | " of Face. | " |
| 3. | Encephaloid of Scapula. | " |
| 4. | Epithelioma of Face. | Died. |
| 5. | Scirrhus " | Tumor removed, remaining ulcer not healed. |
| 6. | " of Breast. | Tumor removed, leaving indurated edge. |
| 7. | " " | Tumor removed, leaving indurated edge. |
| 8. | Rodent Ulcer of Face. | Greatly improved. |
| 9. | Multiple Sarcoma. | Died. |
| 10. | Epithelioma of Face. | " |
| 11. | Squamous Epithelioma on Scirrhus Base, on Scarpa's Triangle. | " |
| 12. | Squamous Epithelioma of Lower Lip. | Cured. |
| 13. | " " of Forehead. | " |
| 14. | Epithelioma of Lower Eyelid. | Nearly cured. |
| 15. | Scirrhus of Breast. | Tumor reduced one-third all soreness relieved. |

| | | |
|-----|--------------------------|--------------------|
| 16. | Epithelioma of the Nose. | Cured. |
| 17. | “ “ Face. | “ |
| 18. | “ “ “ | “ |
| 19. | “ “ Tongue. | Died. |
| 20. | “ “ “ | Cured. |
| 21. | “ “ Upper and Lower Lip. | No effect. |
| 22. | “ “ Nates. | Cured. |
| 23. | “ “ Lip. | “ |
| 24. | Encephaloid of Breast. | Ulceration healed. |
| 25. | Epithelioma of Cheek. | Greatly improved. |

A few cases we quote in full :—

CASE I.—This was a squamous epithelioma, painful and hemorrhagic, situated over the right edge of the sternum in a man forty years of age. It was as large as the lower third of an ordinary tea-cup. The tumor was first painted with a solution of carbolyzed oil, one-half drachm of liquid carbolic acid to an ounce of linseed oil. Two grains of arsenicum 2x trit., were then dusted on its surface. This application was made every other day. At the end of a week a perceptible change had taken place; the tumor began to dry, hemorrhage ceased, and a line of demarcation could be seen forming at its edge. It continued to become dryer and harder, until at the end of three weeks it was removed with the scalpel without the loss of a drop of blood. It had become absolutely necrosed. The application of the powder was continued to the remaining ulcer until it healed. During the progress of the local treatment four doses daily were given of arsenicum 3x internally.

CASE V.—This was a scirrhus extending from the outer to the inner canthus of the eye down to the edge of the nose, back to the outer canthus. It was ulcerated upon its upper surface, exceedingly offensive and discharging constantly a bloody serum. The same treatment was pursued, and after a number of applications a distinct line of demarcation formed. The tumor became a dense black, fibrous mass, and was readily separated. Healing of the edges progressed exceedingly slow, and is not yet complete. The behavior of a scirrhus cancer under the arsenicum 2x trit. is quite different. Instead of exfoliating in pieces, as does an epithelioma, the healthy skin about the tumor inflames and ulcerates, a sulcus is formed which gradually deepens, the tumor shrinks, grows darker in color and finally becomes entirely necrosed, and can be dissected without loss of blood.

CASE XX.—Mr. S—came to me March 1st with an epithelioma at the end of the tongue. It appeared first as a hard nodule, which remained for some months and then ulcerated. It involved the tip of the right side of the tongue. He was in doubt as to whether to have it extirpated or try the treatment I suggested. While considering his case, a gentleman came to me who had had the tip of his tongue extirpated in New York City, and told me that before he left the city and before the parts had hardly healed he felt certain that the disease was returning. The growth in this case was rapid. Such an unfortunate result from extirpation led me to hope for but little in this case from the same measure. I at first made application of the arsenicum trit., but it only increased the ulceration. Having been unsuccessful with the arsenicum in a former case, I made application of Hoang-Nan. My attention was first called to this remedy several years ago as a

specific for consumption. I had some difficulty in procuring a supply at that time, but finally I procured a half-ounce, which I had triturated. I did not derive any special advantage from its use in phthisis, and had not used the remedy for months. In looking up its literature I found it strongly recommended for ulcerations, especially those of a malignant character. I gave my patient a small vial of the first trituration. He applied it to the sore as directed. The induration gradually subsided, the ulceration diminished, the pain and soreness upon deglutition decreased, and at the end of three weeks it was healed. The patient was exceedingly grateful, and was desirous of rushing into print to express his gratitude."

Among the exceedingly interesting general observations with which Dr. Mitchell follows his reports of cases, are the following:—

"If we can remove the cancerous nodules without inflammation, the whole problem is solved. . . . If one has an idea that it is easy with any method or any set of remedies to cure these cases, he has only to try it. Each one is a law unto itself. They are grafted upon the syphilitic, scrofulous and tuberculous diatheses; hence, in the scrofulous, the calcined oyster-shell, calcarea, is useful; in the tuberculous, cod-liver oil; and in the syphilitic, iodide of potash. . . . The particular points determining the greater value of arsenicum, in trituration, over the crude forms of arsenic paste, are as follows:—

It is far less painful; it is readily applied; it produces but little œdema and inflammation; it is applicable to large surfaces, and to situations where it would be impossible to use the crude drug; it has a slower effect, and greatly diminishes the danger of recurrence of the growth; its action is so promptly remedial that the confidence of the patient is secured at once; it removes fetor in nearly all cases, rendering the life of the unfortunate patient much more endurable to himself and friends, even if a fatal termination cannot be averted; it affords opportunity to continue treatment in desperate cases, with good results temporarily, after all other measures have been abandoned; it stops hæmorrhage; it promotes euthanasia.

. . . . "Some recent experience leads me to hope that Hoang-Nan will be found to be to carcinoma of mucous surfaces, what arsenicum is to that of the integument."

"The applications of arsenicum triturations vary very much in different patients, with regard to the amount of pain they produce. If the patient has at the commencement of the treatment a cancer which has caused, previously, a considerable amount of pain, the early applications are likely to relieve. If, on the contrary, it was free from pain, the first applications will be for a time painful. . . .

The amount of inflammation produced also varies greatly. With some, considerable redness, swelling and œdema will follow. The number of applications must be varied to suit the individual case. At first the early applications will produce a great amount of serous discharge. This will lessen after a few days, and gradually cease. The more profuse this discharge the more certain will be the healing process later. A valuable adjuvant to the treatment will be found in the second decimal trituration of the chloride of chromium. It will produce even a greater discharge than arsenicum. In one case in which I used it—a cancer of the breast—the patient wrote me that the discharge literally ran down to her shoes. . . .

. . . .As regards the matter of recurrence, sufficient time has not elapsed, except in two cases, to form much of a judgment.

CASE I. writes as follows, under date of Oct. 15: 'Dear Doctor: I took treatment of you Feb. 1, 1887, for cancer on my face, and in three weeks it dropped out, and by May 1, 1887, it was entirely healed over, smooth — no lumps or wrinkles. The color left was red, but that has gradually left. Now the skin is as healthy as any part of my body.'

The second case writes, April 2: 'Dear Sir: I never was in better health. My face is well. There has been no sign of the cancer breaking out since it was cured. There is a small scar, but it can't be noticed. It is smooth, like the rest of my cheek.' This was also about two years after healing.

It seems fair to conclude, from this case, and from others, that one of the unfortunate results of the presence of cancer — the disfigurement of the face — can now be effectually prevented."

EDITORIAL NOTES AND COMMENTS.

A VERY SUGGESTIVE PAPER ON "'CLOSED ESTABLISHMENTS' FOR THE CURE OF PHTHISIS," written by Prof. Arnulphy, appeared in the *New York Medical Times* for May. Prof. Arnulphy interestingly outlines the system of treatment pursued at the successful establishments in Germany, which are known by the above title. The somewhat repellant adjective "closed," refers to the fact that patients are only received under the agreement that they are to remain "under rigid rule and supervision" long enough to give the system there pursued a full and satisfactory trial — from twelve to sixteen months or longer. For the establishment itself —

"A very moderate altitude, a site affording facilities for the creation of a large park, as much as possible in the vicinity of a wood, or of a forest protected from high winds, sufficiently distant from great centres of population, to be 'Far from the mad'ning crowd's ignoble strife;' such are the only requisites. Every country in the world affords plenty of sites, but none, perhaps, similar or more desirable than this vast country.

Now, in what does the treatment proper consist? Mainly of the four following essentials:

1. Rest in the open air.
2. Respiratory gymnastics.
3. Diet.
4. Hydropathy."

Simple rules of life, but, when exactly and scientifically expounded, of amazing benefit in the terrible disease which turns so many physicians into fatalists. As to the first condition, the

patients are simply kept out of doors all the time (excepting the few hours of nightly sleep in "cool, well-ventilated rooms"), on couches, if too weak to sit or walk; in stormy weather, in glass-covered halls, open on all sides in winter and in summer, the clothing being carefully varied to suit each day's temperature.

"After a few days the habit is formed, and the patient has no wish to get back under cover. Little by little a sense of comfort develops, digestion and sleep improve, the fever lessens, the breathing becomes easier every day, and, most curious of all, the cough almost entirely disappears."

The respiratory gymnastics are practiced in many ways, but chiefly by means of paths in the grounds of the establishment, which are graded to different slopes and altitudes. Their successive use expands the chest and strengthens the heart's action.

"Care is practiced in preventing patients from exposing themselves unnecessarily to the rays of the sun, as hemoptysis is very likely to occur from such exposure in predisposed subjects. To that end shaded lanes are provided in the park."

As to diet, "The principle most commonly applied is that of small, substantial and frequent meals, with a view to developing the digestive capacity in a continuous, progressive way.

What is aimed at by means of these dietetic contrivances is, not to gratify such or such an alimentary theory, but to avoid every possible error of diet; to remove the causes that may provoke or keep up anorexia; to overcome any prejudice that may stand in the way, and finally to *over-feed* the patient.

The latter is quite an art in itself. It is a matter of constant care and attention on the part of the physician. It is also a matter of education on the part of the patient. Nothing of the kind could be done either at home or in the common health resorts. It is only the 'closed establishment' that can afford such a methodical course."

It is stated that under this *régime* 84 per cent. of the patients gain in weight rapidly and appreciably.

Certain closing observations we quote in full, adding a most cordial endorsement of them. And we would add further, that, pending the establishment of such institutions with us, the physician is dull who cannot draw from this account of their methods invaluable hints for utilization in private practice:—

"*Hydrotherapy*. — I have little to say about this last means of cure. That it is powerful for good and for evil is generally recognized. The best authorities on phthisis are agreed on its efficacy, when properly applied, as recommended by Winternitz, Brehmer, Dettweiler, Sorgius, Soxolowski, Sontagh, Driver, Spengler, Bennett, Jaccoud, Peter, etc.

It is properly the complement of the inuring process to which these patients are subjected. From a statistical survey of the various establishments it appears that one-third only of these patients are thought fit to receive the douche.

You readily understand what amount of prudence, care, competence and experience such treatment requires at the hands of the attendant who dispenses it. Here, again, we must realize that it is only a thoroughly trained and skilful house physician who can assume such responsibility.

I cannot close this rapid survey without pointing out one of the most remarkable consequences of this hygienic treatment, namely, the physical and moral education that the patient receives thereby. Through personal experience, multiplied by that of his fellow-companions; by friendly intimacy with the house physician, he has gradually acquired the exact knowledge of what he can and of what he can not do. He learns that the slightest imprudence may have the worst consequences. He has learned how to measure his own strength, and how to regulate its expenditure. He has been taught that henceforward his life will depend upon his conduct. He realizes the full meaning of the sentence, '*L'homme meurt de son caractère.*'

No medical treatment whatever is used, except for unusual complications. Thousands of patients have been treated in these institutions with uniformly good results; as an average, twenty-five per cent. are cured; in a much larger proportion relief is obtained and life prolonged. Now, if we reflect that their '*clientele*' is mostly recruited among desperate cases, we cannot but acknowledge the efficacy of the method. For where is the practitioner who can boast of achieving such results?

It strikes me that such a method of cure so rational in its principles, being outside the pale of the schools, and having, therefore, no doctrinal argument to contend with, ought to be universally recognized and adopted until we can find something better.

It is highly desirable that establishments similar to those that are doing such remarkable work in Germany should be founded everywhere.

Why should not this government look into this matter seriously, and commission a few competent physicians to visit Germany, with a view to studying the method of phthisiotherapy in use in those special institutions?

If half a dozen such institutions were founded in various sections of this country, and run on sound principles, thousands of valuable lives could be saved every year.

It may not be devoid of interest to know that the German establishments are very successful in a pecuniary way, and that their managers derive a handsome income from them.

If we reflect that phthisis is relentlessly mowing down day by day the worthiest part of our population, in the proportion of one-fifth of all the causes of death; that no satisfactory medicinal treatment has yet been proposed; that the climatic treatment is a dangerous illusion, and a costly one, we must come to the conclusion that the hygienic treatment, according to Brehmer's method, deserves better than silence and a lack of recognition."

"SUCCESS AT THE BEDSIDE!" That is the old, inevitable, cheap, familiar, exasperatingly illogical cry, which arises, certain as the cuckoo in an English spring, whenever the demand is

made why we should not attempt reform of our crippled, bloated, unscientific *materia medica*. What does this cry mean, and what does it imply? Evidently that the "success at the bedside" of those who raise it, is so far greater than the "success at the bedside" of those whom they mean to silence by it, that the mere repetition of the phrase puts an end to argument. An excellent instance of such use of the phrase is found in the brief editorial comment of our esteemed contemporary, the *Advance*, on the meeting looking toward a revision of the *materia medica*, recently held in New York. "It is not" — says the editorial in question, in this connection, — "the *materia medica* that is at fault. It is not Hahnemann's schema that is defective. It is the defective method of application; you must return to first principles, the principles enunciated in the *Organon*, and you will have no fault to find with the *materia medica*, no cause to regret your lack of 'success at the bedside.'"

What, now, is obviously to be gathered from this patronizing, this absurdly *ex cathedra*, this amusingly paternal form of comment? First and inevitably, that the faction whose sentiments are voiced by the *Advance* earn the right thus to speak from the fact that *they* at least "have no cause to regret their lack of success at the bedside" — since they assume this lack to be the ruling motive of those who, unlike themselves, *have* "fault to find with the *materia medica*." What state of things must justly be looked for with a coterie of physicians who "have no cause to regret their lack of success at the bedside?" A state of things in which the physician is absolutely equal to every clinical emergency. In which he is baffled by no case committed to his care. In which he is able to give prompt and permanent relief to every form of suffering appealing to him for aid. In which he never loses a case of diphtheria, typhoid, phthisis, Bright's disease, peritonitis, or any other of the serious and sorrowful ills, where his brother physicians not infrequently, with manly honesty, confess themselves over-matched. In a word, he who "has no cause to regret his lack of success at the bedside," is he and only he, who *never meets* with "lack of success at the bedside." Are our friends the *soi-disant* "pure Hahnemannians" prepared to make this claim? And yet in the governmental records of every city and town in

which they practice, there are plain to be seen as many death certificates, in proportion to the size of their practice, bearing their professional signatures, as bearing the signatures of their *confrères*, whose scientific consciences are more troublesome. It is perfectly well known that patients leave their care unimproved to seek treatment elsewhere quite as frequently as they so leave the care of other practitioners. Their hospital and dispensary records show no evidence of unexampled or infallible success. In a word, again, their satisfaction with their "bedside success," which they make the basis of their complacent judgment of others, seems to have no foundation outside their own easy minds. They fail, and see "no cause for regret." Others fail and see deep and haunting cause for regret, and are driven by the scientific conscience, as by a whip, to search out all possible causes for that failure. The difference between the would-be revisers of the *materia medica* and their patronizing critics lies here and here alone; not in their relative "bedside success," but in their relative self-satisfaction in the face of perfectly demonstrable bedside failures. When a physician never loses a case by death or desertion, then has he reason to quote "bedside success" as his reason for opposition to all efforts at scientific progress. Until then, for modesty's sake, let no claims be put forth which are buoyed up by nothing more tangible than windy words.

THE AMERICAN INSTITUTE MEETING draws on apace. There is every reason to hope it will be a large one, since there is every reason to believe it will be a successful one. From the authoritative reports already sent out, it is evident that the committees have been hard at work; and very live and active discussions on the results of their work may be justly expected. The place of meeting is in itself an added interest. To visit it will be, for Eastern physicians, to pass well out of the beaten paths of travel and refresh themselves with "fresh scenes and pastures new." Western hospitality is a proverb, and we may be sure nothing will be left undone which can add to the social attractions of the occasion. A distinguishing feature of the meeting will probably be the bringing up of the proposed amend-

ment to the by-laws, which makes a confession of faith in homœopathy a compulsory condition of admission to the Institute. It is to be hoped that a goodly contingent of Eastern physicians may be induced to make a pilgrimage to the meeting ; if for no other of the many good causes which might move them, then for the sole purpose of making the majority against the amendment something unmistakable, monumental and final.

COMMUNICATIONS.

SOME HYGIENIC AND THERAPEUTIC USES OF WATER.

BY F. N. PALMER, M.D.*

At the present time it is claimed to be the business of the physician to *prevent* as well as to cure disease. This is right ; the physician should be a teacher of the laws of health.

Another marked feature of the medicine of to-day is its simplicity as compared with the elaborate and mysterious practice of former times. Leading minds in the profession are carefully looking to and availing themselves of those natural hygienic measures, the former persistent neglect of which now seems so unaccountable. The physician will to-day suggest a course of treatment so simple and natural that, at first, the patient may feel something like disappointment and a doubt as to his appreciation of the seriousness of the case. He has not prescribed in accordance with the notions in which his patient has been educated. The truth is, his superior education and judgment have taught him the value of those simple but potent means which nature has so abundantly provided for her children.

Fresh air and pure water, for instance, would not be so profusely supplied by the Creator unless they were prime necessities alike for the preservation and restoration of health.

All, at this day, admit the value of fresh air, but all are not equally well advised as to the hygienic and therapeutic uses of pure water.

The careful observance of a few simple rules, deduced from natural laws governing the external use of water in health and sickness, will enable families to avail themselves of this invaluable agent, and save them much suffering and many a consultation fee.

First, then—All should remember that cold water is stimulant in its effects ; warm water is sedative. Very hot water is also a

* A posthumous manuscript, now published for the first time.

stimulant, to be used exceptionally only, and by prescription. Between these extremes is a neutral ground—tepid water, being indifferent ; good for cleansing, but not for therapeutic purposes.

Second—The temperature of the bath must be proportioned to the power of reaction. A very feeble person must never, at first, be subjected to too low a temperature. For cleansing purposes, once per week or so, a warm bath, 100 degrees Fahrenheit, may be used, with a pure soap (not perfumed), clean tepid water to rinse the surface, and finally a brisk ablu-tion of water cold from the faucet, applied with the bare hands, as one would wash the face. Then a vigorous rubbing with coarse, soft towels. With this bath weekly, the ordinary daily bath may consist of the cold ablu-tion simply, and will be fol-lowed, when the bather is of fair reaction, by a sense of elasticity and vigor, which will amply repay the trouble and labor of its habitual use.

Third—Choice of proper time. Never bathe after recent eating. The infringement of this rule has been attended with most serious consequences. It is believed to have cost the late Hon. Henry Wilson his life.

There are many feeble persons who would suffer from chilli-ness the entire day were they to bathe even in tepid water in the morning. They should wait until some little exercise has warmed them up so as to bear it better. The morning is, how-ever, not only the most convenient, but the best time for the majority of people.

Fourth—One should never take the warm or even tepid bath without following it by the cold or cool ablu-tion. It is required in order to strengthen the skin and fortify one's self against tak-ing cold.

Fifth—The room in which a bath is taken should be com-fortably warm and free from drafts.

These few simple rules will serve for those who seek to retain their health or to regain it if impaired, —to be joined, of course, with the observance of proper diet, exercise and rest.

The most efficient of baths for therapeutic purposes is the sitting or sitz bath, as it is called from the patient's sitting down and remaining in a bath of prescribed temperature for a definite time. This bath should always be taken with very careful ref-erence to the condition of the bather. It is a potent agent for good or harm, the reasons for which may be seen in the fact that the viscera of the pelvis, especially the female pelvis, are very abundantly supplied with blood vessels and nerves, and are often the seat of irritations, congestions and inflammations—conditions very susceptible of aggravation through impressions upon the filament of sensory nerves in the skin. It is, there-

fore, of the utmost importance that we proceed rationally and advisedly in the use of this bath. If we do this, it may be used freely and with the greatest comfort and benefit.

First—The temperature should always be measured by thermometer—never by sensation of the hand. Then the patient, being covered with a large blanket, thrown over the shoulders and fastened at the throat so as to fall over the entire person, sits down in the water in such a position that it comes up well about the loins and abdomen.

Second—The proper temperature to begin with must depend upon the condition of the patient. If that be one of feebleness and poor reaction, begin with water as warm as 90 degrees Fahrenheit. This may seem very warm, but remember the temperature of the blood is 98 to 99 degrees Fahrenheit.

Third—The duration of the bath must be short at first, so as to secure a prompt reaction. A single minute (which will seem quite a little period at first) is long enough to begin with. Prolong this time one minute each day and lower the temperature a single degree each day till the bath seems cool enough to produce a smart reaction after sitting five minutes. Do not hurry, after this, to change the temperature, but get all the effect to be had from the medium temperature. When the added minutes amount to fifteen, it is advisable not to prolong the duration. If reaction is not secured by that length of time, it will not be by a longer sitting. It is much more likely that a second reaction will follow, which is not a favorable one. Always remember it is the reaction upon the cool or cold bath that is sought.

Fourth—Position is a matter of the highest importance. The old sitz bath-tub is a most unnatural and unfortunate arrangement in this respect. It necessitates the most cramped and unnatural position that could be contrived. Let any well or robust person try to assume the position required by it. He or she will have to sit practically upon the floor, with the limbs in an almost impossible angle, sustaining the body by the most fatiguing effort. To many the position is impossible; to others it is so very trying that the whole thing is abandoned as too uncomfortable, while in some few cases real and permanent injury has been known to follow the protracted effort to use this most beneficial of baths. Something can be done to remedy this trouble with the common sitz-bath tub, by raising it upon a stool or low bench. Even then it is not what is wanted.

This has all, however, been remedied by the invention of a most convenient and comfortable apparatus in the form of a chair and tub combined, in which the patient sits upon a narrow cloth seat, suspended in the water, resting as luxuriously as in a

a parlor easy-chair. It needs but to be examined to show its great advantage over all other sitz-tubs.

Another and last rule for taking this valuable bath is that, upon rising from the water, the sitter make use of soft and coarse towels to secure dryness and warmth of the skin, with a little exercise if the bath is taken in the morning or during the day, or sufficient bed clothing to insure reaction if taken at night.

This most valuable of baths may be resorted to when one feels weary and fagged out from heat or labor, and is followed by a delightful sense of relief. It is especially the bath for females who suffer from dragging pains and discomfort in the pelvis, whether special or habitual, and is not only a palliative but a means of curing such conditions when carefully used under the above simple rules. The writer has prescribed this bath during a practice of over thirty years in the treatment of many forms of uterine disease with most gratifying success. It is of the greatest value during pregnancy, and may be taken with entire safety through the whole term if the bather is careful as to temperature, duration, time of day and, above all, position.

A GROUP OF INTERESTING CASES.

BY W. R. AMESBURY, M.D., CINCINNATI, OHIO.

INFANTILE PARALYSIS.

On Sept. 10, 1888, the sexton of one of the Presbyterian churches brought his little 16-months-old son to my office, saying the child very nearly died in July from a severe attack of cholera infantum. About one month after recovery the right leg began to dwindle away, and soon the child could not walk, and only crawled on the sound left leg, while the right leg was dragged uselessly along. I found the right leg much atrophied, the foot everted strongly; heel much retracted, and the muscles, from the waist to ankles, very soft and doughy. My prescription was calc. phos. 3x and cod-liver oil internally, with massage of cod-liver oil to unsound limb. Child slightly improved in general health by the 16th. Continued calc. phos. and cod-liver oil, and ordered massage of limb morning and evening, applying arnica montana cerate the whole course of spinal column to toes of paralyzed limb.

Sept. 23, child much improved.

Sept. 26, plumb. acet. 6x trit., given; calc. phos. omitted; other treatment same. Oct. 6, child uses paralyzed limb. Nov. 4, child walks well. Nov. 11, child cured; case discharged.

THREE CEPHALALGIA CASES.

I. Mrs. —, a young lady of good family and social standing, aged 21, dark hair, dark eyes; weight, 126 pounds; well built, strong and robust to all appearances; plethoric habit; was married in 1886; gave birth to a healthy infant boy in 1887; she is at this date, Aug. 22, 1888, three months advanced in her second pregnancy. She has been suffering from chronic nasal catarrh for some years. All her family suffer from sore throats. She had immense hypertrophied tonsils, so much so that the largest tonsillitome would not pass over the diseased tonsils, and they were removed with the knife. There is consumption on her grandmother's side; otherwise the family history is very good, the family living to great ages. She had measles when a child. She complains of headache, which she has had almost all her life. By over-exerting the brain in committing Italian and English music in a very short space of time, she brought on a serious attack of cerebro-spinal meningitis four years ago. She was given up for lost by leading old-school physicians of this city, when, even at the eleventh hour, a homœopathic lady physician was called in attendance and carried the case safely through. My patient had, and still has, an exceptional memory. She can commit several sheets of music, with the words, by playing and singing the piece from one to three times. I have witnessed this; also know her to have committed 160 sheets of an opera, words and music, which she had never seen before, in two days. Her headaches have been worse since the attack of spinal meningitis, and steadily worse until, for the last year, August, 1887 to 1888, she has had a constant headache day and night, only with a varying intensity; she feels herself getting weaker every day, and has to exert every effort to work. She has astigmatism of both eyes, the left eye in particular. She complains of having had three or four sensations as if she was frightened of every one. She is by nature a very affectionate wife and mother, but now she says she hates any one to see her. She is afraid of people hurting her. She feels as if she would kill them if they came near her. She even hates her husband and infant and mother. She can't bear to speak to strange callers. She hates to meet her friends, and will take no notice of them should she meet them on the streets. She hasn't a civil word for any one. She has slight external hemorrhoids. She hates the idea of coition. She is a long time developing the sexual excitement; in fact, she derives no pleasure whatsoever. She is perfectly numbed in the parts from the act. The bowels are in fair order; appetite is generally good; has vomited a great deal, due to existing pregnancy. The same thing occurred in her first pregnancy. Has

had leucorrhea for a long time. The headache makes her vomit at times; headache is affected by mental labor. Vertigo on stooping; pain worse by stooping; pain in head every morning on waking; headache very much over the nose; headache all over the forehead; headache principally seated from root of the nose to coronal suture and temples. When the headache is unbearable, the pain gets all over the head, and she feels as if she would go crazy. The head aches at rest or in motion; it is always worse by leaning the head forward. The left temple is the worst, and feels sore to the touch at all times; also as if pressed in with the thumbs all the time. The pain is sometimes relieved by bending the head backward after leaning the head forward first; but the sensation of moving the head backward causes vertigo, and everything gets black before her. The pain is from within outward; pain relieved by pressure of hand; becomes worse by removing pressure. Pain relieved by cold water. Noise does not affect the pain. The pain in the basilar region seems to go down to second or third cervical vertebra, which feels sore to touch. Aggravation of pain by light; relieved by eyes shut in the dark; better by open air; she wants plenty of fresh, cool air. Pain relieved by lying down, but she dreads to lie down, as the pain is a thousand times worse on rising up; for this reason, she never lies down during the day, and dreads to go to bed, although she is weary and tired out. The pain is constant, morning, noon and night. She cannot keep nor get the head in a comfortable position because of the pain. The headache is at its height about 1 or 2 P. M., then gradually decreases till 8 or 9 P. M.; but still the pain is constant. Head feels as if it had too much weight upon it; sometimes cold chills are felt during a headache; dimness of sight, which increases with the pain. Legs give way during height of pain; she must sit down. She feels as if a furnace burned under her skin in cheeks, yet the cheeks are cool to touch; the cheeks become turgid and very red; the cheeks, under the eyes and temples, seem as if they would burst. The headache, at its height, causes a sensation of expanding and dilating the whole head. When the pain is bad she cannot seem to get rest in any position; only relieved by bending the head hard backwards. Cords of the neck seem stiff and bruised after the headache has passed its acme. She feels nervous, must work to keep her from thinking of headache, yet she feels too weak to do anything. She gets discouraged, and feels as if she wants to cry. She passes a great deal of urine after the worst pain is over.

For this distress of headache old-school physicians had been tried before conversion to homœopathy five years ago. Homœopathy was tried by the lady physician till September, 1885, on

and off. I treated the case, on and off, from about October, 1885, to June, 1886, and from June, 1886, to August, 1888, I treated it pretty nearly continually, giving the best indicated drugs a good trial. Even the curative drug was tried, but gave no relief at a previous date (the drug may have been too high or too low, etc.); but in August I came to the conclusion that, instead of the headache being one of congestion, it was anæmia under the mask of plethora. I came back to the discarded drug which I had given such a good trial some months previously, and, much to my astonishment and my great joy, the headache disappeared entirely after a few doses; and, what is most satisfactory is that, up to the present date of writing (April 30, 1889), the headache has never returned since. She was duly confined, and says she never felt better in health.

The remedy was calc. phos. 3x trit., grs. v. Three or four powders cured.

The remedies tried: Ac., bell., bry., ars., merc. v., nit. ac., strychnia, calc. c., calc. phos., verat., iris vers., cham., puls., zinc. hyos., and others.

II. In July, 1887, a young lady called at the office, with red face, which perhaps was due to the summer heat; streaming eyes, as if crying; feeling fatigued. On asking her what the trouble was, she said: "I have one of my bad attacks of headache." Her eyes were highly congested. After a few questions, I rose up to examine the eyes by palpation, to see if "glaucoma" existed; but no sooner did I touch my patient with one hand to steady the head, and the other on the closed lid, than she had fainted. After bringing her to, she explained that she always fainted if any one touched her when she had "a bad spell" with her head. I certainly felt startled at the time, but gave her china off. ϕ . and puls., as headaches generally came on before menstruation. After a month, changed to china and zincum, the pain being deeply seated in the brain; finally, china 2 and 3x was settled upon. She had no headaches in February, 1888, and the following May she reported the same good results. I have heard nothing since of the case.

III. Printer, 25 years old; had headache ever since he can remember; troubled more the last month or so. Called to see me February, 1889. Has to go to bed on account of headaches. Nausea, sometimes vomiting sour liquid. Pimples on the forehead; they are small and red when there is no headache, but they grow large and become angry and painful during headache. Pain chiefly in forehead, and works up over the head and rests in back of neck. Begins in morning, gradually increasing through the day, and subsides in evening. Can't do any men-

tal work, for fear of headache. Constipated, and suffers somewhat from indigestion; better on moving about; worse, and throbs when sitting after moving. Pressure relieves.

Remedy, *nux vom.* 2x. April 5, 1889, no headache since March 4. April 30, 1889, no headaches; pimples almost disappeared. The pimples came on the forehead five years ago, and were supposed to have come from wearing a celluloid-lined hat. On this supposition gave *arnica mont.* 2x, and *arnica cerate* externally.

I may add that, as regards *arnica mont.*, internally and externally, for bad effects of celluloid collars, cuffs, etc., I have found it excellent.

*PURPURA HÆMORRHAGICA—A CLINICAL STUDY.**

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Notwithstanding the close study of the subject of purpura hæmorrhagica by Werlhoff and other gifted investigators since 1775, the pathogeny of the aggravated forms of the disease, as well as its chemico-pathological conditions, are still involved in obscurity. Several new hypotheses have been advanced of late, but none have yet received general adoption. While this uncertainty reigns, every case coming under the observation of the practitioner becomes of interest to the whole profession; its details should be carefully noted down and made public, to enable inquirers to familiarize themselves with all its phases and complications. Of the value of various, simultaneous study, with a correct record of symptoms observed and results achieved by different operations and methods, we have abundant evidence in the transactions of this society. Nor should a fear of not being perfectly and strikingly original deter one from describing appearances in any way remarkable. The close and thoughtful observation of unusual phenomena, even on a minute scale, may often lead to the discovery of unknown facts, or at least to the correction of long-existing and mischievous errors. We must, to extend our knowledge and power, watch the whims, caprices and complications of disease, and always bear in mind that, in no walk of life is the ancient command "live and learn" more imperative than in ours; in none have its fruits to humanity been more abundant, more precious.

With the view of attracting some attention to the important subject of purpura hæmorrhagica, I beg to submit to-day for your consideration a serious case of that disease, with a fatal issue, which fell into my hands some time ago. I intend after-

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wards to review the present state of science in relation to this affection, to make some useful comparison of latest opinions, and finally to give you the conclusions I have formed myself on the subject.

The patient was a young married woman, aged thirty-four, childless, a brunette, whom I had previously attended for dysmenorrhœa and anteversion of the womb. She called to consult me on July 17, 1886, stating that she had been well until about six weeks before, when she began to lose her appetite, and this was followed by languor, low spiritedness, breathlessness upon least exertion, and much weakness. Soon palpitation of the heart upon motion also manifested itself, with throbbing, bursting headache, relieved by bandaging tightly the head; pulsation of the arteries of the neck; aching pains in the lower extremities when using them, with weighty feeling therein. The gums, I found pale and bloodless, but free of any indication of sponginess. The heart's sounds were clear and distinct, without any murmur or souffle; lungs healthy; spleen normal also liver; pulse 96 degrees, weak and tremulous; temperature, 98 degrees; body fairly well-nourished; muscles, however, flaccid; skin waxy; face sallow and "earthy" looking. I noticed two petechial spots on the adductor surface of left thigh, above the knee-joint, and two on the titral side of the left leg, varying in size from a ten-cent piece to a silver dollar, and in different stages of development and degeneration, from bright red to violet, purple to yellow; three of smaller size on flexor surface of right forearm, and two on chest of about the same dimensions as last, and also in variable stages of progress. On both knees and over right instep there were distinct psoriatic patches. Menses regular as to time, but inclined to be profuse (formerly scanty); blood sometimes pale and again dark, occasionally foetid; aching in back and abdomen, especially before the flow. Urine, sp. gr. 1019; acid; many lithates, but no blood or albumen. She had had of late, several attacks of epistaxis, but the loss of blood had not been great; bowels inclined to constipation, with some straining to expel contents; after meals, abdominal distension; much chilliness; seeks warm places and sunshine; cold feet and hands; sclerotics pale and glistening, with dilated pupils.

My patient was not aware of any family morbid diathesis; both her parents were living and well; no hæmophiliacs among her relatives. She never had suffered from hemorrhages, nor had she noticed that ecchymosis easily followed a bruise or contusion; never had rheumatism or fever-ague. I could not elicit in the anamnesis anything to indicate particular unsanitary conditions, either in food or habitation, although she confessed that she took her meals irregularly; they consisted principally of

sweets and pastries and overcooked meats. She was not, however, happily married, but her husband was kind and considerate, in his way.

I ordered four meals a day, to consist of fresh meats, eggs, milk, cream, graham-bread, fruit, vegetables, Zinfandel claret diluted with water, and some bovine. I also advised change of air and scene. Prescription, china 3x, to be taken a half hour after each meal.

I did not see my patient again until the 10th of August. She had not been able to leave the city having visitors at home. The symptoms of "irritable weakness," palpitation, rapid pulse, breathlessness and palor of face, were more marked. She complained of much pain in her head, temples and vertex — worse upon exertion and when lying down; a new crop of petechiæ had appeared. The epistaxis had been more frequent and profuse; the gums bleeding at the least touch, the blood could be seen oozing from the capillaries. While she took more food than formerly, she could eat but little as yet. I examined some of her blood drawn from the finger: the red corpuscles were crenated and shrivelled, not in rouleaux, but dispersed throughout the field and fewer in number; the white corpuscles did not seem particularly increased. I administered sulphuric acid 1x in water, every fourth hour.

A few days later our invalid left for New Hampshire. In spite of better sanitary and dietetic influences she steadily grew worse. The epistaxis and bleeding of the gums increased and metrorrhagia now set in. The most persistent trouble was bleeding of the gums, which only partially yielded to local applications of sulphate of iron and the internal administration of different forms of iron, administered by a local old-school physician. Her strength kept decreasing day after day, and finally she insisted upon returning to this city, which she reached on the 9th of September, after no little difficulty. The day following I was called to see her. She was now at her mother's residence at Roxbury, having decided not to return to her own home at South Boston. I found our sufferer much changed for the worse. The skin was almost transparent, the lips bloodless, the eyes sunken, with deep rings around both; but the body was not much emaciated. Heart's sounds very distinct; no anæmic murmur or soufflé; pulse 105, small and compressible; lungs normal to percussion, no râles; temperature 99 degrees; no appetite; constant nausea with occasional vomiting of mucus, bile and some blood. Patient very sensitive to cold, with creeping chills; throbbing in head and neck, increased by motion; palpitation of the heart aggravated by the least exertion; gums easily bleeding, but not in the least fungous; epistaxis

every time she blew her nose; ecchymoses on mucous membrane of mouth and velum palati. Frequent desire to urinate, without pain; water free of abnormal constituents. Sleeplessness without restlessness; but if she succeeded in catching a few snatches of sleep, she awoke much worse. Several fresh vibices on the legs, of different shades,—green, blue, yellow and mottled,—some partially faded and others deepened in color and extending. No particular thirst; no œdema of the extremities; sluggish bowels. I gave Lachesis, 12.

On the 13th (four days later) her distress had increased; the headache seemed more trying than ever, causing her to moan most of the time; she often gasped for breath; roaring in the ears; gums bleeding freely at times; pulse weak, quick and irregular (115); temperature 99 degrees. She lay on her back most of the time and in an apathetic state. The same difficulty with sleep, which I expected the lachesis to remove. I now resorted to chin. 1x and phosph. 3x, alternately, every fourth hour. The 15th, matters were unchanged, except for the presence of a good deal of nausea. I ordered a few doses of ipecac, 3x, and then to resume the chin. and phosph. The 19th, headache, palpitation, nausea and vomiting, worse if anything; and now severe umbilical colic, pain in hips and legs appeared, aggravated by the least motion; meanwhile the metrorrhagia was continuing. I next gave bryonia, 3x, and ordered enemas of egg, milk, beef peptonoids and salt, every third hour, since she could not retain anything on her stomach. I also gave a little whiskey and water every few hours, and gruel and milk in small quantities by the mouth. I again examined the urine, which, although of low specific gravity, was otherwise normal. The next day the pains were so severe that she and her relatives begged for relief, and I gave her rectal injections of Tr. Opii, twenty drops every fourth hour. The 24th, often delirious and her strength failing; pain much lessened by the opium. I now insisted upon the family calling in counsel, and Dr. Ahlborn was sent for.

The doctor approved of the treatment I had pursued and agreed as to the diagnosis. In view, however, of the failure of the remedies administered, he suggested digitalis, 1x, three drops every hour, and occasionally glonoine 3, for the throbbing headache. He also advised the continuation of the opium, if the severity of the pains called for a palliative, expressing, however, a preference for McMunn's Elixir. In the course of our examination of the nurse's duties, we were shocked to ascertain that for the last two days, she had not given the patient the enemas of food and hardly any nutriment by the mouth, because, she said, the patient objected to it, and she did not like to compel her to do so. If this nurse had been a hired one, we

would have insisted upon her dismissal, but she was the sufferer's sister, and, besides, the husband's means did not permit of his hiring a regular nurse. After a severe rebuke, she promised a complete compliance with our directions.

Two days later, owing to the effect of increased nourishment, or for some other reason, the pulse became fuller and more equable—it fell to 98—and the temperature was 98 1-2. Although occasionally delirious, she slept most of the time and quietly; vomiting ceased and hemorrhage also. She could be aroused from her sleep, but relapsed soon into the same state; she could not see owing to effusion on the retina. She, however, expressed herself as much more comfortable. The same diet and medicines were continued. I began to hope for a recovery, and so informed the family. But, alas, that very evening I was hurriedly called to her bedside to find her unconscious, with stertorous breathing; lower jaw relaxed; pulse 130, weak and irregular; temperature 97 degrees. Hemorrhage of the brain had set in—a disastrous localization of the hæmorrhagic diathesis. She died the next morning at two o'clock. No necropsy was allowed, although urged.

I cannot help thinking that, if cerebral apoplexy had not set in, the patient's recovery was possible even at that late stage. The hemorrhages had virtually ceased, the food and enemas were being retained, and the improvement in the pulse showed that the powers of assimilation and nutrition were returning. I must confess that her death occasioned me disappointment, especially as I was beginning to hope that, through our exertions, the life of a worthy woman might be saved. Of course the favorable indications might have been but temporary in any case; she might have grown worse again in a few days, but as far as one could judge, there was a chance of a recovery.

Something might be gained by an interchange of opinions as to the probable or possible cause of our failure to cure; I for my part, lay some stress upon my patient's neglect of the order I gave her when she first consulted me of taking a rest at once, and going to the country. The continuance of housework and social duties, with its attendant excitements, loss of sleep and her unhappy frame of mind, could not but aggravate her condition, and to some extent counteract the medicines taken. The disease thus secured a firmer hold, enabling it to favor complications most hurtful to body and mind. And then again, there was the sad mistake of the withholding of most necessary nourishment for the period of nearly two whole days. How many persons of originally good constitution, after a severe spell of sickness, could, without serious risk, if not without fatal consequences, be starved for two days? Might not the fatal turning-point of the malady have been by this blunder reached?

With reference to the medicines administered, I had present in my mind other remedies, but the symptoms seemed to call especially for those given. Many a time I thought of arsenic as a possible remedy for my patient, but the restlessness and peculiar thirst of that remedy were absent. I also thought of ferum the first day she consulted me, but there lacked the flushing of the face upon the least excitement, belonging to that medicine, and besides, the allopathic practitioner later on supplied me with proof that it was useless. I did think, too, of terebinthina, but there was no hæmaturia or strangury; arnica kept recurring to me, but then there was no stiffness of the articulations or particular sensitiveness of the body to pressure of the bed. Bryonia seemed at one stage a very close similimum, and perhaps I should have continued its use longer. Secale also came to mind; the great prostration, frequent hemorrhages, small and quick pulse suggested it, but we had not the aversion to heat with the very cold skin, to touch, etc. Hamamelis, ledum and mercurius were not absent, and were under consideration several times, but the indications calling for their use were not present.

There is a close relationship between the pathogenesis of phosph. and purpura — bleeding of the nose and gums, dissolution of the blood elements, fewer red corpuscles with changed formation, lack of coagulability of blood; and perhaps if it had been given earlier better results might have been obtained. Sulphuric acid proved very beneficial in a case I had under treatment in a young boy some years ago, characterized by acid eructations and cardialgia when drinking cold water to which wine was not added; great thirst; inward sense of tremulousness all over the body; vibices over abdomen and legs; intestinal bleeding of dark, clotted blood.*

It being possible that some of my colleagues present this evening may have doubts of the correctness of my diagnosis — and not unnaturally, for it presents not a few abnormal features — I deem it my duty to offer some further reflections. My present conviction is that, after its new examination, however, you will agree with my opinion that the malady has been classified under its proper title. While I read my notes, thoughts of purpura rheumatica, scurvy, leukæmia, pseudo-leukæmia, hæmophilia, symptomatic hæmorrhagic diathesis, lead poisoning and progressive, pernicious anæmia, must have flashed across your minds with ideas appropriate and practical. And I do not wonder,

* In the *Lancet* for 1879, Dr. J. C. Shand discusses the treatment of purpura hæmorrhagica and highly recommends a course which had been uniformly successful in his practice, viz.: the exhibition of astringents and the use of faradisation. The faradisation was applied all over the body by means of wet sponges; this was repeated every two hours. His remedies were dilute sulphuric acid, quinquæ sulph., ferri sulph., etc.

since so excellent an authority as Strumpell says on the subject : "The various 'hemorrhagic diseases' are so intimately related to one another that it is quite impossible to make a rigid categorical division of them."

But before entering upon the question of the differential diagnosis between these several diseases, it will be best, perhaps, for a thorough elucidation of the subject to refresh your memory with a *résumé* of the symptoms. The salient features included languor, lassitude and general disinclination to mental or physical labor, with depression of spirits and anorexia, followed in the order mentioned by breathlessness and palpitation of the heart upon motion, without, however, any cardiac murmur; pains in the limbs; bursting headache; pallid face; little or no bodily emaciation; spleen and lymphatic glands normal; bleeding gums, without sponginess; petechiæ on different parts of the body; epistaxis; metrorrhagia; vomiting of all food, and even blood; severe colic; delirium; and finally, hemorrhage of the retina and of the encephalon, preceding the closing scene of this singularly aggravated case. The blood corpuscles were shrivelled and somewhat diminished in numbers (oligocythæmia) without increase of the white corpuscles; but no œdema or pyrexia throughout the period of the disease, which lasted nearly three months.

You will remember that, according to recent authorities, there are three forms of purpura — the ordinary, the malignant and the abnormal. The mild form comes with weakness and debility, a succession or crop (*poussées*) of minute petechiæ; hemorrhages from different portions of the mucous tract; little or no fever; some muscular pain in the back and limbs. The prognosis is favorable in almost every case, its severity depending upon the number of hemorrhages and quantity of blood lost; the disposition to lipothymia also depending upon this condition. This is the form Werlhoff recognized and described as *morbus maculosus hæmorrhagica*. Previous to his time the profession did not distinguish between the petechiæ of typhoid fever, etc., and the non-febrile form.

The malignant form is an aggravated type of the mild. It is insidious and presents grave symptoms from the beginning; its course is rapid; pyrexia prevails; hemorrhages are frequent and extravasations numerous, but the actual amount of blood lost is not very great. Dissolution is occasioned by the intensity of the fever (*hyperexia*), or the gradual diminution of the vital forces from defective assimilation.

The third or abnormal form varies in its degrees, in its rate of progress, in its complications, and in its terminations. Usually there are severe paroxysms of colic; œdema of extremities.

varying in duration and locality; petechiæ recurring at irregular intervals; fever of continued type; rheumatoid pains of limbs; repeated hemorrhages, but not always profuse. General debility may or may not precede the subcutaneous extravasations of blood. In fine, this form is irregular in its manifestations and irregular in its duration; and women are oftener attacked by it than men.

Dr. S. McKenzie's* classification of purpura is worthy of study, and I think it best to append it. According to him, purpura may be either (1) vascular (hæmic) and dependent on changes in the constitution of the blood, whether brought about by disease or deficient nutrition; (2) toxic, dependent on the presence of poisons in the blood; (3) mechanical, dependent upon interference with the circulation, as in cases occurring in the course of cardiac disease; (4) neurotic, dependent upon some affections of the central or peripheral nervous system. He gives illustrations of each of these varieties. The views of Dr. McKenzie were in the main concurred with by the members of the British Medical Association, although it was maintained by some that not every case of purpura could be fairly brought under one of these categories, and that there were instances in which it seemed to be a disease *sui generis* and not a symptom.

With these facts plainly before us, we can now satisfactorily proceed with the differential diagnosis. Purpura hæmorrhagica may generally be discriminated from purpura rheumatica by the fact that, in the former, the pains in the limbs follow the lassitude and weakness, while in the latter they precede. The presence of rheumatoid pains of the extremities in most cases of purpura hæmorrhagica has led some nosologists to doubt the actual existence of the rheumatic form; and, in truth, the cases reported very seldom present the typical symptoms belonging to inflammatory rheumatism. They conclude, therefore, that purpura rheumatica is but a sub-variety of the affection under consideration. Nor is it at all unlikely that ere long this opinion will be fully and completely established. In our patient the severe pains of the limbs occurred towards the end, so that we may safely withdraw purpura rheumatica from the field of speculation.

The hypothesis that it might have been a case of scurvy is untenable, and yet the resemblance between these maladies is often so marked as to prove puzzling. The main features are alike, though there are several points of difference. In scurvy we have a demonstration of the violation of hygienic laws, especially as regards improper and insufficient food, accompa-

* *British Medical Journal*, Sept. 1, 1883.

nied by a characteristic spongy condition of the gums, and expressive location of the petechiæ around the hairs, which symptoms were absent from our subject. In scurvy, moreover, cerebral hemorrhage occurs but seldom; but the pathological conditions are strangely similar in both diseases.

As regards leukæmia the condition of the spleen and lymphatic glands in our patient justifies its exclusion from diagnostic consideration. The relative integrity of her nutrition, however, her freedom from œdema, and the absence of cardiac murmur would suggest leukæmia or pseudo-leukæmia; but, on the other hand, these affections are accompanied by pyrexia, with a decided increase of the number of leucocytes which were not, on this occasion, present. As you are aware, there should be but one leucocyte to about fifty red corpuscles, but in leukæmia the colorless are often as numerous as the colored. Myclogenic leukæmia resembles the abnormal form of purpura, for it has no enlarged spleen or lymphatic glands, though heart bruits exist, as in chlorosis. You will readily recall the fact that the tendency to hemorrhage is as pronounced in all these states as in purpura. The condition of the blood in our case might have suggested leukæmia, but the absence of the hypertrophy of the spleen and lymphatic glands precludes it from doubt.

Hæmophilia, which is not a morbid accident, but a congenital deficiency of the structure of the blood, leading to profuse hemorrhage from the least cut or wound, is also out of the question. The disposition to bleed may remain latent till puberty, after which it manifests itself, at each menstrual period, to an alarming degree and with early fatal results. In the case which forms the subject of this paper there was no hereditary history of this kind, nor any indication of physiological constitution or *habitus*, which would indicate a future hæmophiliac. Perhaps I should recall the fact, also, that "bleeders" are seldom found among women, while purpura is common, and that there is no record of any hæmophiliacs reaching the age of twenty-two. When a woman has profuse menstrual discharges, she belongs to some other form of hæmorrhagic dyscrasia. The hæmophiliac, besides, presents a pseudo-plethoric appearance.

The hæmorrhagic symptomatic diathesis is witnessed in persons who bleed freely during convalescence from any severe illness or exhaustive disease, but we can point to no such record. This supposition therefore, may also be dismissed from the diseases considered as complicating our diagnosis.

In lead-poisoning we note petechiæ, repeated hæmorrhages, vomiting, violent colic, rheumatico-arthroid pains, all of which appeared in our subject, but the distinctive blue line along the margin of the gums, wrist-drop and emaciation, were conspicu-

ously absent. Where no teeth exist the blue line may not be visible, and in the case under consideration the patient had false teeth, which might, perhaps, embarrass us under different circumstances; but other symptoms facilitated our diagnosis. The abdominal pains were not relieved by pressure, as in painter's colic. The colicky pains, so intense in purpura, have recently been discovered to be due to hæmorrhagic effusion in the serous coat of the intestines, or infiltration into their mucous coat.

In respect to progressive pernicious anæmia, the diagnosis is still less easy, giving ready course to doubts. In simple purpura the anæmia, debility, petechiæ, etc., generally follow repeated hæmorrhages, but in the abnormal type, as in pernicious anæmia, they often precede them. Hæmorrhages in the retina, even effusion in the sub-arachnoid spaces, are common to both, as also fever and œdema, especially towards the stages of dissolution; but in our case both the latter symptoms were absent. The number of red corpuscles is diminished in the two diseases (*oligocythæmia rubra*) without increase of the white. There is, however, a hypertrophic enlargement of the spleen in pernicious anæmia which is unusual in purpura. The dietetic history is as opposed to the theory of pernicious anæmia as of purpura, while the fair nutrition of the body is as peculiar to progressive anæmia as to leukæmia. In progressive anæmia we expect, moreover, to find at apex and base of heart a systolic murmur and a venous hum (*murmure du diable*) in the jugular vein. Notwithstanding the absence of such murmurs, which, it is true, are considered by some of characteristic diagnostic value, it is a question whether there are any fundamental differences between these two affections. Might they not be only diverse conditions of the same disease? While each appears under clinical and pathological aspects distinct, both pursue the same progressive and malignant course, involving the gradual extinction of all the organic functions. I believe some observers contend there is a unity between these diseases, as well as with scurvy. But as proof is yet wanting, I must, meantime, maintain that the bulk of the evidence in the case of my patient warrants my designating it abnormal purpura abruptly terminating in effusion.

However unsatisfactory in a general sense the following extract may be, it affords additional evidence of my conclusions being correct: "The less we can discover and positively affirm concerning the etiology of a case of transitory hæmorrhagic diathesis, the greater is the probability that it belongs to the category of *morbus maculosus*." *

* *Immerman. Ziemssen's Cyclopedia, Vol. XVIII, p. 257.*

This paper would hardly be complete without some allusion to the etiology and pathology of purpura hæmorrhagica. It is almost certain that defects in diet, or noxious hygienic influences, are not among the factors of purpura, since we find many of its victims among the well-fed, strong, and naturally vigorous. To what then, I may ask, is it due? Are the blood-forming organs (hæmogenesis) at fault, or is there an excessive blood destruction (hæmolysis) going on, due to some morbid agent? And if so, what is the agent? All the theories and hypotheses seem, so far, unsatisfactory.

It would be impossible that, in this microbic age, a microbe should not be found and looked upon as the existing cause of any disease. M. Balzer has detected microcci in the blood of purpuric patients during life, and Petrone, Watson-Cheyne,* Russell, Wickham Legg, Rebi Ceci and Helva have also met with micro-organisms in this disease. Unfortunately the microbe has not always been the same, and attempts made to study its life history have not been very satisfactory.

Recently M. Martin de Gimard (Thèse. de Paris, 1888) has studied the subject from the bacteriological and clinical standpoint anew, and has obtained results that, to his mind, are definite and conclusive. He observed twelve cases of purpura occurring in the children's hospital, Paris, under Professor Grancher. The disease appeared almost like an epidemic, so that there could be little doubt that all the patients suffered from the same disorder. The types varied considerably, from the fulminating form described by Charron and Henoch to the milder types resembling purpura simplex; some cases were pyretic, resembling the angio-hæmatic typhoid of Matthieu.

Gimard found in his cases a micrococcus in the blood during life, and the same micrococcus in the purpuric spots after death. These microcci, taken from the living blood, were cultivated in different media, and always found to possess the same characters. Cultures of these micro-organisms were injected beneath the skin into the serous cavities and blood of guinea-pigs, with the result of producing hæmorrhagic effusions in various parts of the animal. Gimard found that, at the centre of the hæmorrhagica spots, there was an accumulation of micro-organisms with consequent stasis and inflammatory changes, resulting in injury of the blood vessels and sanguineous effusions. According to these results, purpura hæmorrhagica is a primary infectious disease of microbiotic origin and shows itself in types of varying severity.† But, for my own part, I may say, I do not by any means consider the microbic theory proved.

* Vide Watson-Cheyne's cases recorded in *London Lancet*, Vol. 1, 1884, p. 344.

† *Medical Record*, Jan. 30, 1888.

Many close observers believe that the trouble has its origin in a lesion of the great sympathetic system, the controller of nutrition and circulation. In my humble opinion it is not at all improbable that this is the case — that a disturbed state or paresis of the vaso-motor nerves is the cause of this serious condition.

Dr. S. Mackenize believes that purpura, like dropsy, glycosuria, and other affections formerly classed as distinct diseases, should rather be considered as a symptom which may be dependent upon various pathological conditions. Dr. J. C. Shand (*Lancet*, 1879) looks upon purpura as essentially a "functional derangement of the nervous centre," "the capillaries are in an atonic state;" hence the indication "to exalt the tone of the nervous system, especially the vaso-motor." In our subject, it may be remembered, she was unhappy in her domestic relations.

Weir Mitchell and Milner Fothergill both support the neurotic origin of purpura; Dr. Finny, also, in an able article in the *British Medical Journal* (1880 Vol. I p. 804.)

There are no invariable pathological states present in the cadaver. The anatomical changes found vary much. Some are met with occasionally, others almost always; but there are, truly, no essential, morbid, or characteristic changes of the *sui generis* kind. The spleen appears often enlarged; the liver discolored and yellowish; kidneys pale and yellow; heart and muscles light-colored and soft; all of which conditions are mostly observed in subjects who have died from the effects of a continued drain upon the system. Sometimes the blood at the outset of the disease shows no marked quantitative or qualitative changes, its different constituent elements being apparently unchanged. After repeated hemorrhages, however, the red corpuscles diminish and the hæmatin is lessened in quantity and the corpuscles themselves seem imperfectly formed. The alterations in the structure of the capillaries and blood vessels are most marked and significant while not always noticeable.

Purpura has been artificially produced by dividing the sympathetic ganglia of a frog, and also by the ligation of the aorta, which led to an arterial tension sufficient to occasion purpura. Injections of ammonia into the blood have induced extravasation in the cellular tissue and skin, with hæmorrhagic exudation from different parts of the mucous membrane. Petrone has produced a general hæmorrhagic condition through the injection of blood of a purpuric subject into the veins of rabbits; abuse of iron has acted similarly, also chloral and iodide of potash; but inasmuch as the blood of those patients was found to contain varying quantities of its natural constituents, this evidence amounts

to little. In cases of poisoning by phosphorus, the symptoms closely resembled those of purpura.

We find thus additional confirmation in the varying conditions of the cadaver that the mischief is due to some disturbance of the sympathetic nervous system, especially the vaso-motor, occasioning hæmogenetic or hæmolytic changes in the blood, diapedesis, rupture of the blood vessels, or degenerative changes in their coats. That mental worry, grief or shocks have been known to be solely responsible for several cases of purpura is strong clinical evidence in favor of the neurosis theory of this disease.

A patient of Dr. Smet, of Brussels,* in consequence of a severe fright experienced an eruption of purpura hæmorrhagica, though she had never had any eruption of the kind before.

It is much to be regretted that our knowledge of the subject is so incomplete, but the uncertainty will doubtless stimulate some of you to further inquiry and research.

ON THE DETECTION OF SUGAR IN THE URINE.

BY PROF. EDWIN E. CALDER, PROVIDENCE, R.I.

Read before the Rhode Island Homœopathic Medical Society.

Some few months since I had the privilege of speaking before this society of the methods for detecting albumen in the urine. This evening, I desire to call your attention for a few minutes to a brief discussion of the more common and most reliable methods for the identification, in abnormal urine, of sugar. But little advance has of late years been made in the means employed in the examination of urine for this important constituent, and I am fully aware that in presenting this subject I assume the risk, if not the probability, of tiring with restatement of matter old and familiar. I therefore lay claim to nothing original, but simply state facts and conclusions warranted by several years' experience in laboratory work.

The form of sugar as found in diabetic urine belongs to the carbohydrates, and is classified among the glucoses. The glucoses as a class have the following properties:—

They are soluble in water, and in alcohol, but insoluble in ether.

The water solution has a neutral reaction and a sweet taste.

They dissolve in sulphuric acid without charring.

When warmed with solutions of the alkalies the solutions turn rapidly brown.

They reduce salts of the noble metals.

* Vide *London Lancet*, March 17, 1888, p. 537.

They reduce an ammoniacal silver solution with production of a silver mirror.

They precipitate mercury from alkaline mercuric cyanide solutions.

They also precipitate red cuprous oxide, on warming, from alkaline copper solutions.

The glucoses differ from common or cane sugar, chiefly by their less solubility in water, their less sweetening power and by their reducing action with metallic salts.

Whether sugar is ever under any circumstances a constituent of normal urine is by no means a settled question. Without entering in any degree into this controversy, indisputable facts compel the acknowledgment that, under certain conditions, liable at any time to be present, normal as well as abnormal urine may contain substances which have the power of reducing salts of copper and other metallic salts, and in this respect at least, simulating the presence of sugar. The possibility, if not the probability of the presence in the urine at all times of these various constituents must always be kept in mind and should be an important factor in the interpretation of the results of the various tests.

Before discussing the various means or methods used for the detection of sugar in the urine, it may be well to at least simply mention the more commonly occurring of these interfering substances. They act in two ways. First, by reducing the salts of copper or other metallic salt used, and thus causing a precipitation of the reduced salt when no sugar is present; and second, by retarding the reduction of these metallic salts and thus preventing the precipitation of the reduced oxides, even when sugar is present. The principal example of the first is uric acid, and as examples of the second may be mentioned mucus, albumen and all albuminous substances, and certain urinary coloring matters.

Before treating of the several chemical tests for sugar, I will remind you briefly of certain physical peculiarities of diabetic urine, which indications, though in and of themselves, perhaps, not conclusive, are still of some value and often lead to definite conclusions.

I. The quantity of the urine — that is, the twenty-four hours' amount — is often largely increased. In almost all cases the amount is in excess of normal. In judging of the progress of the disease, to ascertain the actual amount of sugar excreted in the twenty-four hours the quantity of urine passed in the twenty-four hours must be known approximately. I think it preferable to have for examination a portion of the whole twenty-four hours' amount, or, when this is impracticable, a portion of at least three

urinations. The amount of sugar excreted is not necessarily constant throughout the twenty-four hours, and therefore the reading of one urination might lead to conclusions unwarranted and often misleading. Again the quantity of urine passed in the twenty-four hours is often largely influenced by circumstances, and may fluctuate, as in a case under my notice, from three to eight quarts, and in sugar from forty-eight to thirty-eight grains per ounce. In this case, at least, a knowledge of the twenty-four hours' amount was of great importance. When mere presence of sugar only is required, except in the early stages of the disease, any portion or sample of the urine gives satisfactory results.

2. The specific gravity is usually increased, though in some exceptional cases, more particularly in the early stages of disease, the gravity may be practically normal. It is a matter of common knowledge that the estimation of the specific gravity is practically worthless unless considered in connection with the twenty-four hours' amount. The ratio between the specific gravity and the percentage of sugar is so much dependent upon and influenced by circumstances, that no reliable or even at all satisfactory information of the quantity of sugar present can be obtained from the specific gravity.

3. The color and odor of diabetic urine are sometimes characteristic, but they are too much modified by eating, etc., to be uniform or sufficiently fixed to give any very definite information.

4. The appearance of a thin flour-like scum on the surface of diabetic urine is claimed as highly characteristic, often appearing and suggesting cause of difficulty before suspicion is aroused by large quantity or high gravity.

The chemical tests employed for the detection of sugar are based on the behavior of this form of sugar on various metallic salts, and are accurate and reliable only when carried out in accordance with a definite and a uniform plan, and with full knowledge of certain important principles. In applying any or all of these tests it is necessary to have in mind the following precautions :

1. The urine must be clear and as free as possible from all coloring matters. If of high color, filtration through animal charcoal and subsequent washing of the coal is important.

2. Absence of interfering substances. Albumen, if present, must be removed by boiling, and the filtered urine only used for the test. Uric acid, when in appreciable quantities may be removed by precipitation with acetate of lead. If the urine be sufficiently diluted and the acetate carefully added, no appreciable loss of sugar will occur. As uric acid is the only commonly occurring constituent of the urine exerting a reducing action

on copper salts, it is very necessary that its removal be attempted in every case where its presence is evident or even suspected.

3. Proper dilution of the urine. While no definite rule for this dilution is perhaps possible, it may be well to remember that the following has proved sufficient in the majority of cases. For all urines with specific gravity from normal to 1020, three times; specific gravity from 1020 to 1030, ten times; and all cases where gravity ranges from 1030 to 1040 or more, a dilution of twenty times.

4. Careful examination of all test liquids as reagents before testing, to ascertain their condition, is very important and absolutely necessary. This is easily accomplished by boiling the liquid diluted with an equal volume of water for a few minutes. It ought to remain perfectly clear. If such is the case, the reagent may be considered in its proper condition and suitable for use.

We have now to consider the various chemical tests generally employed for the identification of sugar.

First: Moore's Test. Add to a small quantity of the filtered urine about half its bulk of a solution of caustic soda or caustic potash, and thoroughly boil. Depending on the quantity of sugar present, the mixture assumes a color varying from yellow to brownish black. If coloring matters are present, they must be removed by filtration through animal charcoal. Occasionally the addition of an alkali produces a dark color in the cold, this may result from biliary coloring matters.

Second: Trommer's Test. Add to a small quantity of the filtered urine sufficient sulphate of copper solution to give a faint greenish blue color, and then add sufficient solution of caustic potash to produce a deep blue. Heat the mixture to boiling, when, if sugar is present, a yellow red precipitate appears, which, as the heat is increased, becomes salmon red. If no sugar is present, a greenish precipitate appears, changing on boiling to black. Care is necessary in adding the copper solution. When caustic soda or potash is added, copper hydrate is produced and is precipitated. In presence of sugar a certain amount of this hydrate is held in solution, which, by boiling, becomes reduced and appears as red cuprous oxide. If, therefore, too great an excess of copper is added, too large a quantity of the hydrate results, which, by turning black on boiling, obscures if not destroys the real test and prevents any definite conclusion. The urine, before applying this test, must be made free from albumen, uric acid and all other interfering substances.

Third: Fehling's Test. This, by far the most commonly used, and by all considered the most reliable test for the presence of sugar, differs from the preceding test mainly in the use

of an alkaline solution of sodio potassic tartrate in the place of simple caustic soda or caustic potash. This substitution serves to prevent the precipitation of the black copper hydrate, and thus removes one source of trouble if not of inaccuracy. The test calls for two reagents as solutions, prepared as follows :

1. A copper solution made by dissolving 34.639 grammes of pure crystalized sulphate of copper in 500 c. c. water.

2. A solution of 173 grammes of pure crystallized potassic sodic tartrate, or Rochelle salts, and 62 grammes solid caustic soda in 500 c. c. water.

Both solutions to be carefully preserved in separate well-stoppered bottles. The reagent may be kept ready mixed, but should in that case be carefully protected from air and light, as it is apt to undergo changes which render its indications unreliable.

It is far preferable to keep each solution distinct and, in applying the test, to use equal volumes of each. Before using even in freshly prepared solutions it is very necessary to ascertain the real condition of the reagent. For this purpose place in a suitable vessel equal volumes of the test fluids, diluted with water, and thoroughly boil. The mixture should remain perfectly clear. To apply the test add to a portion of the mixed fluid, while boiling, the filtered and diluted urine, drop by drop. If sugar is present an immediate change in the color of the fluids is apparent, followed by a precipitation of cuprous oxide, varying in color and compactness with the quantity of sugar present. In performing this test a white porcelain evaporating dish or a casserole is much more desirable than a test tube. The contrast between the white surface and the red deposit immediately renders recognizable an amount of sugar by no means distinguishable in a vessel of glass. In cases where the quantity of sugar present is too slight to alter in appearance the test fluids, decantation will show the reduced copper oxide adhering to the bottom of the dish.

The same precautions regarding the removal of all interfering substances must be observed before applying this test, as is necessary in all cases where a salt of copper is a part of the reagent.

Fourth : Boëttger's Test. This test for the identification of sugar depends on the fact that, when urine containing sugar is boiled with an alkaline solution of nitrate of bismuth, a reduction of the bismuth salt takes place, followed by the precipitation of the black suboxide of bismuth.

The test mixture may be conveniently prepared as follows :

Nitrate of bismuth, two parts.

Quick-lime, four parts.

Carbonate of soda (dry) four parts.

Each substance to be finely powdered — the whole thoroughly mixed and carefully preserved in closely stoppered bottles. To apply the test add to a quantity of the clear diluted urine a small pinch of this mixture, and thoroughly boil. If sugar is present, a black deposit of suboxide of bismuth takes place. Care must be taken in adding the reagent to avoid too great an excess, as, in presence of but traces of sugar, the slight discoloration caused by the small proportion of the bismuth salt reduced is overpowered by the excess of the mixture, and an incorrect reading obtained. In all cases, when but a slight grey color is seen after boiling, it is better before forming a decided judgment, to repeat the test carefully, using less of the reagent. If albumen or any allied body is present, it must be carefully removed, as, by the decomposition of the albumen compound, sulphuretted hydrogen is generated, which gives rise to a black sulphide of bismuth easily mistaken for the black oxide. Highly colored urine should be discolored before applying this test, or absence of coloring matters containing sulphur demonstrated. This is easily accomplished by adding to a quantity of the urine made alkaline by caustic soda or potash a solution of acetate of lead. A black precipitate of sulphide of lead shows presence of some compound containing sulphur in the urine.

For the quantitative estimation of sugar in the urine either of the two following tests are generally employed. They depend on two entirely different principles.

First. By means of Fehling's solution, either volumetrically or grammetrically. The latter, by weighing the copper oxide reduced, is to be preferred, and in my judgment leads to the most accurate results. It is as a rule incapable of execution by the physician, and therefore has no practical application and need not be further noticed.

Second. By Fermentation. This commonly employed test depends on the fact that diabetic urine, mixed with yeast or other ferment, undergoes vinous fermentation. One molecule of sugar decomposing into two molecules of alcohol and four molecules of carbonic acid gas.

A useful and practical application of this principle, giving, when sugar is present in any quantity, results though approximate yet sufficiently approaching the truth to be of practical value, was devised by Dr. Roberts. It is based on the relation or ratio between the specific gravity of the urine before and after fermentation. This relation supports the principle that each degree difference in the specific gravity of the fermented and the unfermented urine represents one grain of sugar to the fluid ounce. This test may be conveniently applied as follows: Place 100 c. c. of the urine in each of two bottles. Add to one of the bottles a small piece of compressed yeast, loosely stopper,

leaving space for the escape of the products of fermentation. Tightly stopper the other bottle of urine and place both bottles side by side in a warm place; after allowing to stand over night determine the specific gravity of each by means of the urinometer. The difference in degrees between the two gravities indicates the number of grains of sugar per ounce of the urine.

In conclusion, I wish to emphasize a few important precautions that I consider very necessary to be observed when accurate and reliable results are desired. The tests for the detection of sugar appear simple, and in fact when properly carried out, cannot be considered difficult, and, in careful hands, generally give satisfactory conclusions. But it is also as true that, when carelessly and roughly attempted, no tests are so treacherous and misleading.

I deem it very serviceable, if not indispensable, that the following rules be kept in mind:—

1. Carefully remove from the urine, albumen, uric acid, coloring matters and all other interfering substances.
2. Determine the specific gravity of the urine and, in accordance with its indications, properly dilute the sample before testing.
3. Prepare test reagents with such care and preserve them under such conditions as will preserve their proper sensitiveness.
4. Always test the reagent fluids by a blank test before experimenting with the urine.
5. In doubtful, if not in all cases, never rely on the interpretations of one test or series of tests, the conclusions of which are dependent on the same principles. On the contrary, take as final only the combined conclusions from tests based on different facts and reactions.

SOCIETIES.

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CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY.

The twenty-fifth annual meeting of the society was held at the New Haven House, New Haven, on Tuesday, May 21, 1889.

The society was called to order at 10.45 A.M., by the President, Dr. E. E. Case of Hartford.

The minutes of the last meeting were read and accepted.

The report of the treasurer, showing receipts of \$264.67, expenses of \$110.08, and balance on hand of \$154.59, was read and referred to the auditors.

A Committee on Nominations was appointed, consisting of Drs. B. H. Cheney, H. P. Cole and A. H. Allen.

The Committee on Medical Legislation reported, through Dr.

C. B. Adams, that the petition for a charter and an appropriation for a homœopathic hospital, to be called Grace Hospital, and located at New Haven, was still under consideration by the Committees on Incorporation and Appropriation of the legislature, but that neither committee had as yet reported. Contrary to an agreement not to oppose the petition, the physicians connected with the New Haven Hospital (old school), and a few others, had bitterly antagonized it, appearing before the committees with attorneys, and doing all in their power to prevent favorable reports. At present it was impossible to say what the result would be. The management of the New Haven Hospital had offered to compromise by agreeing, in case an appropriation was made, to add a wing to their hospital to contain two wards, which should be under their control, but the visiting physicians to be selected from the Connecticut Homœopathic Medical Society, and the visiting physicians to appoint the house staff. This compromise was regarded simply as a scheme to end the whole business, as it was known that it would not be satisfactory to the petitioners for a homœopathic hospital. Dr. Adams further stated that the eclectics had rendered aid, appearing at the hearings and testifying as to need of the proposed hospital and the right of the petitioners to have their prayer granted.

Dr. Theodore St. John asked what interest the eclectics would have in the proposed hospital. Dr. Adams replied that the members of the Connecticut Eclectic Medical Society would have exactly the same interest as the members of the Connecticut Homœopathic Medical Society; that is, members of both societies have the right to join the Grace Hospital Society within six months after its incorporation, but two-thirds of the physicians in charge of the hospital must belong to the Homœopathic Society.

The report was accepted and the committee continued.

The Committee on Certificates of Membership reported that suitable certificates could be procured for about two dollars each, but that it did not seem advisable to have the society incur the expense of furnishing them. The report was accepted and the committee instructed to procure proof of certificate for adoption at the semi-annual meeting.

Applications for membership were received from Drs. Pliney R. Watts of Stafford Springs, and Isadore L. Murray of New Haven, and referred to the censors.

At 11.30 A.M. the Bureau of Clinical Medicine, Dr. E. J. Walker of New Haven, chairman, reported and the following papers were read:

"Retained Placenta from Adhesions," Dr. J. A. Hutchinson, New Haven.

"Constipation and Some of Its Concomitant Symptoms," Dr. Adelaide Lambert, New Haven.

"Diphtheritic Relations," Dr. F. B. Kellogg, New Haven.

"Cystitis and Urethritis—Pathology and Treatment," Dr. Charles Vishno, New Haven.

A paper by Dr. E. B. Hooker on "Intubation of the Larynx in Diphtheria," and a paper by Dr. W. D. Anderson were postponed, by request of the authors, on account of the limited time remaining for the bureau.

In the discussion of Dr. Hutchinson's paper, Dr. C. A. Dorman asked if it would not be impossible to insert the hand into the womb if several days were allowed to elapse before attempting to detach the retained placenta, since uterine contractions would have occurred.

Dr. C. E. Sanford stated that adhesions were not uncommon, but that such a case as Dr. Hutchinson's was a very unusual one.

In the discussion of Dr. Lambert's paper, the question was asked if any one had ever cured a case of obstinate chronic constipation, in which cathartics were habitually used, by pure homœopathic prescription and nothing else. A number of members replied that they had, and Dr. H. P. Cole gave the details of a case cured by *bry. 200* in which the curative action of the remedy was unmistakable, and added further that he obtained his best results in such cases from close homœopathic prescriptions. He also stated that he did not believe that piles necessarily accompanied chronic constipation or that constipation necessarily occurred with piles—in fact, that piles depended less on constipation than was commonly believed. Nor did he believe that diet had as much to do with constipation as was supposed.

Dr. B. H. Cheney said that he believed the best results were obtained from the regulation of habits and diet, and the homœopathic remedy. It was his observation, too, that healthy people differ very much in the frequency of their movements of the bowels, and that what was perfectly normal for one person would be abnormal for another. He related the case of a literary man who had but one stool a week, yet was in perfect health. After watching the case for some time he had advised him not to attempt to change the situation, and the man had remained well and vigorous.

Dr. H. M. Bishop stated that he found the greatest difficulty lay in getting patients to abandon the cathartics on which they were accustomed to rely, and that, in his opinion, the cathartics did more harm than the constipation. Yet, while endeavoring to cure with homœopathic remedies, he had found it sometimes necessary to afford temporary relief, and he had relied on gly-

cerine suppositories as an excellent means of accomplishing this.

Dr. C. H. Colgrove said that it was a wrong idea that the bowels must move just so often. Some people go three times a day and others once in two or three days, or even only once a week. He had had good results from glycerine suppositories.

Dr. C. E. Sanford stated that he believed constipation the cause of many symptoms, reflex and direct. A case in point was that of a woman supposed to have paralysis of the bowels, but which was entirely cured by opium 200, followed by lyc. 200. These two remedies, with sulph. 200, are his main reliance. He believed that diet had an important influence over the action of the bowels, and had found graham gruel of assistance in moving them; two tablespoonfuls graham flour to quart water, a tumblerful two or three times a day.

Dr. E. E. Case stated that he had found the glycerine suppositories effectual.

In the discussion of Dr. Kellogg's paper on the relation between diphtheria and croup, Dr. C. E. Sanford said that he firmly believed the two diseases to be distinct, and that he had never seen a case of membranous croup that was contagious.

At 1.30 P.M., the time having arrived for the special order of business, the censors reported favorably upon the following applications for membership:

Isadore L. Murray, M.D., graduate New York College and Hospital for Women, 1878. Recommended by Drs. E. J. Walker and Adelaide Lambert.

Pliny R. Watts, M.D., graduate New York Homœopathic Medical College, 1887. Recommended by Drs. B. H. Cheney and F. B. Kellogg.

Ballots were taken and both applicants were elected to membership.

The Committee on Nomination of Officers for the ensuing year reported as follows:—

President, C. S. Hoag, M.D., Bridgeport; Vice-President, P. D. Peltier, M.D., Hartford; Secretary and Treasurer, E. B. Hooker, M.D., Hartford; Librarian, G. H. Wilson, M.D., Meriden; Censors, H. M. Bishop, M.D., Norwich; W. B. Beebe, M.D., Bridgeport; C. L. Beach, M.D., Hartford; F. D. Maine, M.D., Windsor Locks; Adelaide Lambert, M.D., New Haven.

It was voted that the chairman of the Nominating Committee cast the ballot for the society, which was done, and the officers elected as reported.

The President, Dr. E. E. Case, delivered the annual address on "The Homœopathic Method of Prescribing," which was received with hearty applause. A vote of thanks was passed and a copy for publication requested.

At 2.15 P.M. adjourned for dinner.

At 3.30 P.M. the Bureau of Psychological Medicine, Dr. E. B. Hooker, chairman, reported on "Hypnotism" and "Acute Mania." Dr. C. Spencer Kinney, of the Homœopathic Asylum for the Insane at Middletown, N.Y., read a paper on the former subject, which received close attention and for which the author received a vote of thanks. In the discussion of the paper Dr. Sanford stated that a number of years ago he had studied the subject and read a paper on animal magnetism before the society. In his experiments he had obtained some remarkable results. About the time that anæsthesia was discovered experiments were being made in France upon the value of mesmerism in rendering patients insensible to pain during operations, and it is probable that, if the anæsthetic effects of chloroform and ether had not been discovered, great advance would have been made in our knowledge of hypnotism at that time.

The chairman of the committee introduced the subject of Acute Mania by saying that cases of this disease afford an excellent opportunity for testing and comparing the value of the physiological and the homœopathic method of prescribing, noting which method produces the better results, both temporary and permanent, including the possibility of the formation of bromine, morphine and chloral habits. He read an editorial from the *Medical Record* of May 11, 1889, reviewing a recent article by Dr. Clouston on the treatment of mental disease, in which the value of hypnotics and sedatives was discussed and the question raised as to the sleep and rest thus obtained being of any permanent benefit to the patient. He asked Dr. Kinney what the method was at Middletown in cases of acute mania coming to them so violent as to need restraint. Dr. Kinney replied that patients come to them in all degrees of excitement and violence, some of them handcuffed, but that all cases are treated in much the same manner; that is, they are given alcohol baths, put to bed and carefully nourished. Hot milk and beef tea are freely given, and if patients refuse to take the nourishment it is administered through a nasal tube, but most cases can be induced to take it. Some cases, however, do not digest food at all at first, and it passes through them unchanged. Others are rendered suspicious by attempts to feed them against their will, and it is wise to avoid anything likely to excite their suspicions. Their effort is to make the asylum as much like a hospital as possible and to treat the insane as sick persons. They believe in physical rest for the acute maniacs rather than forced exercise, hence they keep them in bed. Of course it is sometimes necessary to use physical restraint, which they apply by means of sheets and a sort of bag or mitten, which prevents

the patient from injuring himself or anybody else. Under no circumstances whatever are narcotics used as such, and they have no morphine, bromides or chloral in the hospital. So far as medication is concerned they rely entirely on the homœopathic method. (Applause.) The State Commissioners of Lunacy say that theirs is the quietest asylum in the state. Dr. Bishop asked if it was not difficult to keep the beds clean. Dr. Kinney replied that the attendants have to be watchful and give the patients frequent opportunities for relief, but that it was rare for a patient to wantonly soil the bed. Rubber sheets are used if necessary.

The chairman gave details of a case of acute mania completely cured by the continued use of homœopathic remedies, selected according to the symptoms of the different stages of progress, the remedies in their order being ars., carbo. veg., nux vom., and lachesis. Towards the end, as the sleep improved, the patient was invariably temporarily worse after a night of good sleep. Lach. removed this symptom and completed the cure. All of the remedies were given singly, and all but ars. in high and infrequent doses.

Dr. E. S. Vail stated that he had a small institution at Wallingford and that he was treating a few cases there. He had noticed the aggravation after sleep in all his cases, so much so that he looked for a bad day after a good night.

The resignation of Dr. L. E. Richardson of Hartford was read and accepted.

Dr. E. E. Case was appointed third member of the Executive Committee.

It was voted to meet at Meriden, Tuesday, Oct. 22.

Delegates were appointed as follows :

American Institute — Drs. G. H. Wilson, C. S. Hoag, C. H. Colgrove, C. B. Adams, Sophia Penfield.

Massachusetts — Dr. A. H. Allen.

Rhode Island — Dr. B. H. Cheney.

New York — Dr. W. F. Hinckley.

Adjourned 5 P.M.

EDWARD B. HOOKER, M.D., *Sec'y.*

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting was held May 8, 1889, at No. 13 Mechanic street, Worcester, President Edward L. Mellus, M.D., in the chair.

The records of the last meeting were read and approved, after which the meeting was placed in charge of Dr. J. P. Rand, chairman of the Bureau of Surgery and Gynæcology, whose duty

it was to report at this meeting. The following papers were read and discussed :

"The Uncertainties of the Signs of Pregnancy," Dr. Lamson Allen ; "Successful Reduction of a Dislocated Elbow of Five Weeks' Standing," Dr. G. F. A. Spencer ; "Tracheotomy in Membranous and Diphtheritic Croup," with report of cases, Dr. Carl Crisand ; "Clinical History of an Amputation of Arm for Sarcoma," with specimen, Dr. P. R. Watts ; "Application of Dry Heat in Cervical Hyperplasia," Dr. J. K. Warren ; "Puerperal Fever," Dr. E. A. Murdock ; "Puerperal Eclampsia," with report of case, Dr. J. P. Rand.

Dr. Allen brought before the society a patient, and asked for advice and counsel with regard to the case. The patient presented the following history :

Is 48 years of age ; shoemaker till twelve years ago ; since then a farmer ; father died at 57, scrofulous ; mother still living at age of 70. Patient had always been strong and well till he had typhoid fever. Employed an allopathic physician and was sick three or four weeks ; then had a relapse, and was sick a long time. About six months after the fever a dark purple spot appeared on back of right hand, not painful, which lasted about a week, and then, within a day or two, suddenly disappeared without maturing. In about two or three weeks the bends of the fingers began to crack, which was followed by inflammation lasting three or four weeks. After subsidence of the inflammation the part appears dead, and the bone undergoes a sort of dry necrosis. Amputation can then be performed without pain. Hand is cold most of the time. Graphites was the medium which had seemed to do him most good.

The affection was considered to be probably the result of the mercurial treatment of the typhoid fever. Dr. Miller advised hydriodic acid.

After the presentation of Dr. Allen's case Dr. G. F. Forbes moved that a committee of three be appointed by the Chair to draft resolutions upon the death of our late member and associate, Dr. W. B. Chamberlain, of Worcester. This was seconded by Dr. Warren, and the Chair appointed Drs. G. F. Forbes, N. W. Rand and Lamson Allen, who reported, later in the session, the following resolutions :

Whereas, It has pleased our Heavenly Father to remove from us our beloved brother and associated physician, Dr. William B. Chamberlain, at a ripe age and after years of exceptional usefulness and blessing to mankind ; be it

Resolved, That we, the members of the Worcester County Homœopathic Medical Society, at our regular meeting, do hereby express our deep sense of loss in his death. He was a

physician in every sense of the word, a man of large heart, generous to a fault, original in his methods of thought and study, always deeply interested in young men, especially those just entering the medical profession; his very presence was sunshine everywhere. He was a man of unusually large resources.

Resolved, That we wish especially to emphasize our appreciation of and personal indebtedness to him, not only as one of the pioneers of homœopathy in Worcester County, but also in the formation and prosperity of this society.

Resolved, That his advice and counsel were invaluable, and that we will ever remember him as a helpful associate and a generous friend.

Resolved, That these resolutions be entered upon the records of the society, and that a copy be presented to his family.

(Signed)

GEO. F. FORBES,

N. W. RAND,

LAMSON ALLEN,

Committee on Resolutions.

Words of eulogy were spoken by many of the members, showing the high esteem in which the Doctor was held by his associates in the medical profession.

In the discussion of the different papers Dr. Warren said, in referring to Dr. Spencer's case, that he always made it a point in cases of dislocation, to make passive motion after the second or third day.

Referring to tracheotomy, Dr. Miller considered its success in membranous croup consists, not so much in the operation itself as in the after treatment; constant care and watchfulness on the part of the surgeon or a skilled attendant being necessary.

In the discussion of Dr. Rand's paper Dr. Whittier agreed with the writer that the cause of puerperal convulsions would be found in the nervous rather than the circulatory system. He advocated palliation of the convulsions, followed by speedy delivery.

Dr. N. W. Rand doubted whether delivery had any special influence in the relief of convulsions, for in his experience the convulsions often continued after delivery had been accomplished, and, moreover, were sometimes relieved without the necessity of delivery.

At 4.30 P.M. the meeting adjourned.

EDW. D. FITCH, M.D., Secretary.

LADY: "And what does your father do?" Little Girl: "Oh, papa is a doctor." Lady: "Indeed! I suppose he practices a great deal, does he not?" Little girl: "Oh, no. He doesn't practice any more. He knows how now.—*Harper's Young People.*"

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of this society was held at No. 5 Park street, Thursday evening, May 2, 1889, President James Hedenberg, M.D., in the chair.

After the usual business session Dr. L. A. Phillips gave a paper entitled, "The Liver: An Unrecognized Source of Various Ills. (See p. .)

Dr. Lougee—The liver is not of so much consequence in itself as in its influence upon other organs. I will cite a few cases. Was called to see a man weighing about 240 pounds, said to have organic disease of the heart. The eyes were suffused with blood clots; he was lying on his back, and had been kept in that position for ten days, not being allowed to move for fear of instant death. After assuring the patient that death would not result from sitting up and putting this to a practical test at once, remedies were given, directed by symptoms, to the liver. The man recovered his health. Another case, called apoplexy, was immediately relieved by remedies acting on the liver. In a third case the patient (from Chicago) had been troubled with a cough for three months; a complete cure was effected in nine days by remedies which affected the liver. The principal remedies were podophyllum, mercurius (dulcis) and aloe.

Dr. Sanders—I would like to call attention to the subject of gall stones. Have had very good success with sulphate of magnesia—one ounce to eight ounces of water, and one teaspoonful of this mixture given every night for some weeks.

Dr. Knowles, of Haverhill, related a case of colic in which speedy relief was obtained from arg. nit.

Dr. Chase, of Weymouth, also gave several cases.

Many interesting clinical cases were reported in connection with the subject, Drs. Boothby, Moore, Powers and others taking part.

S. S. WINDSOR, M.D., Secretary.

REVIEWS AND NOTICES OF BOOKS.

A CYCLOPÆDIA OF DRUG PATHOGENESY. Edited by Richard Hughes, M.D. and J. P. Dake, M.D. Part IX. Iodoformum—Magnesia. London: E. Gould & Son. New York: Boericke & Tafel. 1889.

The first part of the third volume of the Cyclopædia here makes its welcome appearance. The most familiar drugs of which it treats are ipecac, iris, jaborandi and its alkaloid pilocarpinum, kali carb., kali chlor., kali mang., and kali nit., kreosotum, lachesis, and lycopodium.

But little that is new can be offered by way of comment, on a fascicle which, like its predecessors, reflects every credit on the energy, conscientiousness and exceptional discrimination of the gentlemen who, for love of science, have taken upon themselves the incalculably onerous task of editing so monumental a work. Every fresh fascicle, too, demonstrates anew that, for purposes of studying drug pathogenesis, the narrative form is of the greatest value. Several points of interest are suggested by a reading of this latest fascicle: one, that nearly all the provings of lachesis, that famous drug to which so much is attributed, were made with the 30th potency. And another, that the records of poisonings under kali chlor. are suggestive, when one bears in mind the almost indiscriminate use of this drug in domestic practice.

AMERICAN RESORTS, WITH NOTES UPON THEIR CLIMATE.

By Bushrod W. James, A.M., M.D. Philadelphia and London: F. A. Davis. 1889. 8vo., 300 pp., cloth. Price, \$2.

We find Dr. James' book to be an uncommonly complete and satisfactory directory of the location with notes upon the climate of the pleasure and health resorts chiefly, of the United States, setting forth in exceedingly brief paragraphs the vast number and variety of such resorts and their principal attractions and recommendations. The short chapter of fifteen pages on "Therapeutics" gives the general principles which should guide one in making a selection of climate for preventing, palliating or curing the many ills for which change of residence may be helpfully prescribed. By a mere glance at the book one's roving impulses are deeply stirred, and on reading it becomes more and more difficult to refrain from packing a few "needs" and starting immediately for some of the odd and delightful places described—Alaska, the National Park, Pike's Peak, or Southern California, for instance. A fine railroad map of about 30x40, of Canada, United States and Mexico, printed expressly for the work, accompanies it, adding greatly to its value. For quick consultation on matters climatic, both physicians and general readers will find the work constantly useful.

THE INSANE IN FOREIGN COUNTRIES. By William P. Letchworth. New York and London: G. P. Putnam's Sons, 1889. 374 pp.

No more exhaustive, interesting and important study of the treatment of the insane in other countries than our own could be imagined, than Mr. Letchworth's admirable book. The author's position as President of the State Board of Charities assured for him the training which directed and broadened his powers of observation; and it is evident to the most superficial

reader of his book that, in its making, sympathy went hand in hand with intelligence. Mr. Letchworth visited, on his tour of inquiry, most of the important asylums for the insane, both on the Continent and in the domain of Great Britain, and to personal inspection and observation joined much conversation with famous alienists on all topics connected with the treatment of the insane. To this contemporary record is added a brief history of beliefs and methods in vogue a century and less ago; the progress thus effectively demonstrated being to the last degree amazing and inspiring. Not only to those officially responsible for the best treatment of the insane, and not only to specialists in that field of work will Mr. Letchworth's book prove of quite incalculable interest and value, but every friend of human progress, every student of social philosophy, will find much in its pages which will broaden his knowledge and augment his usefulness. The book is offered almost as a *volume de luxe*, the many illustrations being models of clearness and beauty.

THE YEAR BOOK OF TREATMENT FOR 1889. Philadelphia: Lea Bros. & Co. 344 pp.

Messrs. Lea Bros'. "Year Book" is always a welcome visitor, presenting as it does, in the concisest possible form, a review of all "regular" medical science has accomplished, on its therapeutic side, for the past twelvemonth. This year, as always, its list of contributors is a brilliant one: including, among others, the names of Sydney Phillips, Frederick Treves and Sir Dyce Duckworth. The section on midwifery is of especial interest. Among other noteworthy items we find that cocaine seems to be growing in favor as an agent for mitigating the sufferings of the earlier stages of labor. It is most useful in the form of cones.

KIRKE'S HANDBOOK OF PHYSIOLOGY. By W. Marrant Baker, F.R.C.S., and Vincent Dormer Harris, M.D. London: Twelfth edition. Enlarged, revised and re-written, with five hundred illustrations. New York: William Wood & Co.

Physiology is graphically styled by Dr. A. T. Bull of Buffalo, "the poetry of medicine," and in this compact octavo volume we possess a work on this fascinating science which voices the views of the majority of English-speaking physiologists. Indeed the book is so changed, as compared with the tenth edition, as to be practically a new work, greatly enlarged, and, with its former wealth of illustrations, much increased. To the student of medicine this book is simply invaluable, containing as it does all new facts and observations so exceedingly well written that

its perusal is a pleasure instead of being, like the reading of the work of certain authors who will readily suggest themselves, a veritable penance. It possesses the advantage, too, of giving the development of the tissues as well as their functions, and, lastly, it has the great advantage of being in one volume — one, too, of most pleasing appearance.

We acknowledge with thanks the reception of Vol. IV. of ALDEN'S MANIFOLD CYCLOPÆDIA OF KNOWLEDGE AND LANGUAGE. The subjects included are from "Baptism to Bilberry." Like its predecessors, the little volume combines convenience, terseness, accuracy and cheapness to a quite surprising extent. The series, when complete, promises to be the ideal low-priced cyclopædia.

The POPULAR SCIENCE MONTHLY for May has, as its medical contribution, "Diabolism and Hysteria," by Dr. Andrew D. White. Among its more interesting contributions to general science are papers on the "Convict Island of Brazil," by John C. Branner; "The Strange Markings on Mars," by G. P. Serviss, and "Botanical Gardens," by Dr. F. Hoffman. New York: D. Appleton & Co.

The CENTURY for May treats, in the "Life of Lincoln," of the Peace Party and the Draft. The short stories are by H. S. Edwards and James MacKay, the former a highly amusing little sketch of negro life. Among the essays are Kennan's "Ride Through the Trans-Baikal," a series of Samoan papers by Messrs. Whitaker, Bates and Erben, and a pleasing paper, beautifully illustrated, on Orcagna, by W. J. Stillman. There is an unusual amount of charming verse. New York: The Century Company.

BOOKS RECEIVED.

CYCLOPÆDIA OF THE DISEASES OF CHILDREN, MEDICAL AND SURGICAL. By American, British and Canadian authors. Edited by John M. Keating, M.D., Vol. I. Philadelphia: J. B. Lippincott Co.

ELEMENTS OF HISTOLOGY. By E. Klein, M.D., F.R.S. Philadelphia: Lea Brothers & Co.

LECTURES ON DISEASES OF THE HEART. By Edwin M. Hale, M.D. Third edition. Philadelphia: F. E. Boericke.

A GUIDE TO THERAPEUTICS AND MATERIA MEDICA. By Robert Farquharson, M.P., M.D., F.R.C.P., LL.D. Philadelphia: Lea Brothers & Co.

DIPHTHERIA: ITS NATURE AND TREATMENT. By C. E. Billington, M.D., and INTUBATION IN CROUP. By Joseph O'Dwyer, M.D. New York: Wm. Wood & Co.

ATLAS OF VENEREAL AND SKIN DISEASES. By Prince A. Morrow, A.M., M.D. Fascicle XIII. New York: Wm. Wood & Co.

PERSONAL AND NEWS ITEMS.

—:O:—

JOHN F. WORCESTER, M.D., class '88, B. U. S. of M., has located at Waltham, Mass., and is associated with Dr. Edward Worcester.

DR. F. W. HALSEY sailed from Boston, on May 25, for a three months' visit to European medical centres, where he will pay special attention to the favorite methods employed in his own line of operative surgery.

DR. H. I. OSTROM, the well-known surgeon of New York, will sail on the 29th of June, for a season of European study, chiefly under Lawson Tait, with whom he will spend three months. Dr. Ostrom has kindly promised the GAZETTE some notes of his experiences.

DR. J. WILKINSON CLAPP, accompanied by his eldest daughter, sailed on the Scythia, May 25, for a brief European tour. However short his absence, the Doctor cannot but be greatly missed by the innumerable physicians who daily haunt the pleasant pharmacy in Park Square.

DR. D. A. MCLACHLAN, Editor of *The Medical Counselor*, and Professor of Principles and Practice of Medicine in the Homœopathic Medical College of the University of Michigan, recently spent a few days in Boston. He sailed on Saturday, May 18, for Liverpool, with the intention of spending the summer months in England and on the Continent, visiting hospitals, clinics, etc.; the best wishes of his friends follow him. It is to be hoped that the doctor will soon favor Boston with a longer visit.

DR. HORACE PACKARD has lately performed at Murdock's Hospital, two exceptionally interesting operations. One of these was for tubal pregnancy; after abdominal suction, the left tube, with its contents, being entirely removed. The patient is doing well. The other operation was a twendion of the colon, for the cure of artificial anno following laparotomy. The two ends of the colon were sewn up, and continuity there established by lateral appropimation. This patient is also, up to date, convalescing very satisfactorily.

The late DR. J. MILNER FOTHERGILL said that, in feeding the acutely ill, it is useless or worse than useless to give starchy foods. The insoluble starch must be first changed into soluble dextrine and maltose, as is done in Mellin's Food. This food, because the farinaceous matter has undergone the same conversion as by the action of the body ferments, is independent of the digestive act and when swallowed, at once finds its way into the blood current to sustain the waning powers. Mellin's Food, consisting as it does, so largely of soluble carbohydrates, is a typical "true food" for the acutely sick.

DR. W. R. AMESBURY is established at 258 West Ninth Street, Cincinnati, Ohio. He makes a specialty of diseases of children, and of naso-pharyngeal affections. Concerning his chosen field of work, Dr. Amesbury says, in a pleasant letter recently received, "This is a fine field for our school of medicine. There are about fifty new-school here among 350,000 population, only one small dispensary and no hospital. If some of the enterprising graduates from the B. U. S. M. should come and start up, and we together put our shoulder to the wheel, we would soon have a booming field for homœopathy. Homœopathy is growing very slowly here, though the progress is sure. Other older physicians of our school say we want two hundred to three hundred new-school physicians, and there is plenty of room for them."

NEW YORK CITY, Nov. 9, 1888.

Messrs. Reed & Carnrick.

Gentlemen — In recognition of the courtesy shown us by your invitation to visit your laboratory at Goshen and personally observe the several successive steps in the process of preparing your Soluble Food, we desire to express our thanks. We were very forcibly impressed with the precaution exercised in obtaining practically sterilized and partly digested milk, and the absolute cleanliness observed throughout the entire process. We unhesitatingly endorse your Soluble Food and shall continue prescribing it for our babies. Edward Molitor, M.D., Somonauk, Ill.; J. Gill. Allen, M.D., Shelbyville, Ky.; J. D. Herrmann, M.D., Eastman, Ga.; S. T.

Turner, M.D., El Paso, Tex.; J. I. McConnell, M.D., Chattanooga, Tenn.; J. C. B. Justice, M.D., Ashville, N.C.; B. Z. Henslee, M.D., Dickson, Tenn.; W. G. Ferguson, M.D., Hughesville, Mo.; J. H. McDuffee, M.D., Keyser, N.C.; W. H. Hudson, M.D., La Fayette, Ala. — *From New York Polyclinic School.*

OBITUARY.

DR. WILLIAM B. CHAMBERLAIN was born in Loudon, N. H., Sept. 15, 1827. After a good academic education at Tilton, he entered as student of medicine in 1849, the office of Dr. Alpheus Morrill in Concord, N. H. With him and with Dr. S. M. Cate, of Augusta, Me., as preceptors, he studied during the intervals of lectures at Dartmouth Medical School. Later he attended a course at the Cleveland Medical College, where he graduated in 1854. He at once settled in Keene, N. H., where he remained until May, 1863. He was one of the first to introduce homœopathy to that part of the State, and by his natural qualities and earnest labors he succeeded in making the new method very popular as well as in securing for himself an extensive practice.

In the summer of 1863 he went to Fitchburg for a few months to assist his brother-in-law, Dr. J. C. Freeland, and thence to New York to study in the hospitals and gain a much needed rest. On Jan. 1, 1866, he was called to Worcester to take the practice of Dr. J. E. Linnell, and remained there until the time of his death. A large practice, and the overwork consequent upon this, rendered it necessary for him to share his labors, and he always had a partner or assistant for his own help as well as the better accommodation of his patients. In 1876 he had a severe illness from pyemia, which held him an invalid for many months and from the effects of which he never recovered. His practice was, however, resumed as soon as he could leave his room, and has been continued with intervals of rest until October last. At this time a slight shock warned him of that which was to follow, and his health continued to fail until the fatal stroke came on Tuesday, April 16, while returning from a professional call, and he passed away April 19, never having regained consciousness.

His ever ready and generous aid has endeared him to his professional brethren while his personal qualities and extensive medical knowledge everywhere surrounded him with numerous friends and a large clientèle. Though frequent absences from work were necessary in consequence of the strain of his professional labors, he was over-burdened with the number of those seeking his aid as soon as he resumed practice. He was President of the Massachusetts Homœopathic Medical Society in 1872; was one of the founders of the Worcester County Homœopathic Medical Society and twice its President, and was President of the Worcester Homœopathic Dispensary Association at the time of his death.

At a special meeting of the association the following resolutions were unanimously adopted:

Whereas, Death having removed from our midst a beloved friend and associate, Dr. William B. Chamberlain, who was also the honored President of this association since its incorporation, it is our wish to place on record some testimonial of his character as a man and eminent qualifications as a physician; therefore, be it

Resolved, That in the death of Dr. Chamberlain we have lost a wise counsellor, a faithful friend a genial man, one ever ready to contribute freely his professional skill for the relief of the sick poor and distressed at all times.

Resolved, That in his professional association with physicians of whatever name he was uniformly charitable, helpful and kind.

Resolved, That his patients have lost a physician whose presence was helpful, whose smile was a benediction, and whose words of encouragement often brought life and victory.

Resolved, That we rejoice with his friends in the achievements of his life, and extend to them our heartfelt sympathy in this hour of bereavement.

Resolved, That these resolutions be placed upon our records, and that a copy of them be transmitted to Mrs. Chamberlain in token of our continued respect and love for that kind and excellent physician who has passed into that new life to which we shall all be called.

In behalf of the society, by the committee.

FRANCIS BRICK,
CHARLES L. NICHOLS,
J. K. WARREN.
C. L. N.

THE NEW-ENGLAND MEDICAL GAZETTE.

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EDITORIAL.

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A SIGN OF THE TIMES.

Year by year it is more easily and happily demonstrable that "the world does move." Emancipation from tradition is a slow and weary process; but it is a process which, with rich result, is going on in every department of science; in physics, in chemistry, in the mechanical and industrial arts; and, to our eternal benefit as physicians, in medicine. In a recent editorial we took occasion to point out how lately, yet how markedly, this emancipation from tradition was taking place in our *materia medica*. After years of blind reception into the *materia medica* of every symptom ever said to be felt by every prover, and yet blinder groping on the part of the bewildered physician in the wild labyrinth of symptoms thus obtained, science has at last secured a hearing for her importunate questions: How many of these symptoms have the slightest value? How shall we sift the valuable from the worthless, the wheat from the chaff? Answers to these questions have already been neither few nor insignificant. One answer, and a noteworthy one, appears in the June issue of the *Hahnemannian*. In a paper of considerable length, the Medical Investigation Club of Baltimore gives a study of *bryonia alba* as a type illustrative of a new method of studying and reconstructing the homœopathic *materia medica* "upon a strictly scientific basis." This plan "for the elimination of untrustworthy or uncorroborated symptoms" was, we are told, adopted by the club in 1887, and the *Cyclopædia of Drug Pathogenesis* was finally selected as the basis on which to work. The essential feature of the plan, it may at once

and candidly be said, is that first advocated by Dr. Conrad Wesselhoeft in the GAZETTE for June, 1886, viz.: concordance and congruence of symptoms. The method as a whole seeks, I. To present a history of the drug and its general sphere of pathogenetic action. II. A presentation of its symptomatology on the basis of congruence, indicating the number of provings in which each and every symptom is found out of an arbitrarily selected number of provings; and III., a presentation of therapeutic application drawn from the reconstructed symptomatology.

The virtues of this system are many, and patent to all who will study the illustrative example given in the June *Hahnemannian*. Naturally the question suggests itself, is it the best plan yet formulated? This can only be decided by comparing it with other plans already given to the profession. In considering it no attention need be paid to the history, the sphere of action, or the therapeutic application of drugs, since the method of obtaining these is identical in all plans of study. Attention need only be paid, therefore, to the method of obtaining the symptomatology. This method, in the new plan just published, is found to be "analytical and synthetical:" *i. e.* selected provings are analyzed, and from the analysis a new pathogenetic record is built up. The method, compared with the old familiar ones followed by Jahr, Hering, etc., must be admitted to be distinctly superior, since it follows the universal, scientific and always reliable principle of concordance and congruence. Can the same superiority be claimed for the new method when compared with that recommended by Dr. Conrad Wesselhoeft in the GAZETTE for June, 1886, and illustrated, with full comment, in the GAZETTE for December, 1888, and for January, 1889? In passing, we cannot but remark the oddity of the absence of all reference, in the Baltimore Club's article, to Dr. Wesselhoeft's work, since the priority of the latter to the new method is as immediately demonstrable as its close similarity. The inferiority of the Baltimore Club's system of work to that of Dr. Wesselhoeft may be said, in a word, to be its less scientific foundation and its narrower scope. It is founded more or less on individual judgment and opinion, that most dangerous of foes to exact experiment. It excludes, from the symptom lists

on which all its conclusions are founded, not only all symptoms, omitted from the Cyclopædia, but certain which are included in the Cyclopædia, but which it pronounces "untrustworthy"; it excludes certain symptoms which it is "reasonable to suppose" could not have been produced by the drug; it adds other symptoms which come from "reliable sources." Now, all this is profoundly unscientific, since the personal judgment which thus accepts and rejects symptoms at its own good pleasure has only to be challenged, and there is chaos come again. Whereas in the older and larger plan of Dr. Wesselhoeft *every* symptom which offers itself, whether nominally obtained from a tincture or a c. m. is accorded equal chance with every other symptom to demonstrate, under the law of concordance and congruence, its right to enter the pathogenesis of the drug under examination. Nothing is left to personal judgement. The results of an examination so made are almost as unvarying as those of any mathematical demonstration, and are open to all to test and try. It is a slow process, but there is no royal road to truth. We claim that only the system which leaves no room for "personal equation" can make close claim to the scientific. And in this respect Dr. Wesselhoeft's system may claim superiority to that of the Baltimore Club.

But even with this weak point, the work of the club is a happy "sign of the times" — a work which, followed out, will teach wholesome and invaluable truths as to the weaknesses and the strengths of our materia medica, and suggests much that is helpful in the way of revising it.

EDITORIAL NOTES AND COMMENTS.

TO THE HOMŒOPATHIC MEDICAL DISPENSARY the City of Boston has sold — virtually given — for the nominal sum of \$1, a fine site valued at upwards of \$20,000 for the erection thereon of a building suited to the needs and necessities of this noble charity. In the thirty-two years which the dispensary has been in existence it has taken care of upwards of 185,000 sick and poor people belonging to Boston. These have not been generally the abject poor, who are wholly dependent on charity for support, but belong to that working class who, when

in health, are able to support themselves, but when overtaken by sickness of either the wage earners or those dependent on them have not even the smallest sum with which to recompense the physician for his services. To such the dispensary is a boon of incalculable value. To this they can freely resort in the very beginning of a disease and often obtain exemption from severe sickness which might otherwise result, and thereby throw whole families upon the city for support. The amount which this institution has saved to the city is many times the value of the land which has now been given,—not in payment for services rendered, but in order to make such services more valuable and more extensive in the future. Under such circumstances it is not strange that the Committee on Public Lands, after thoroughly examining the merits of this charity, were unanimously in favor of granting the petition for the land. The Board of Aldermen passed the order unanimously, and it would seem reasonable that the larger body, the Common Council, should do likewise. Unfortunately two of the members of that body were allopathic physicians. They had a golden opportunity of either keeping silence or of speaking a good word for an institution which appeals so strongly to the sympathies and the reason of physicians.

But perhaps it is too much to expect a certain type of allopathic physician, whoever or wherever he may be, to rise above his bigotry and hatred of homœopathy.

It proved so in this instance. Knowing that it would be useless to attack it on the ground of opposition to homœopathy, and that these allopathic doctors would by any such attempt simply bring obloquy upon themselves, they took a different tack. They had no doubt, they said, that this was a very excellent charity and ought to have help from the city, but still, in granting such aid, it should be so guarded that the city's interests would be protected in any future emergency, and then offered an amendment calculated to throw distrust and suspicion on the dispensary and place it in such a position that it would be impossible to raise sufficient money to build the necessary structure.

It will thus be seen how signally, how ungraciously, and, we may add, how impolitically and fruitlessly was thrown away an

opportunity which, rightly used, would have strongly served to promote kindlier feeling between the old school and the new.

Fortunately the Council saw the point and passed the order by a large majority.

The Mayor promptly approved the order and the land now belongs to the dispensary.

It remains to be seen whether the public, and especially the friends of homœopathy, will take hold and erect a suitable building to complete the work so auspiciously aided by the city.

In erecting a new dispensary building there is an unusual opportunity for combining advantages not only for the patients and the community, but also for the medical school represented. The building should be large enough to abundantly accommodate, in its first and second stories, all the various departments organized, already some twelve in number; and each of these should be provided with the best facilities for carrying on its special work. Then there should be comfortable and commodious waiting-rooms conveniently connected with each department. Such an institution should command the interest and support of every member of the community. It gives to the poor, sick, and often helpless patients, opportunity for restoration to health and strength. It gives to the physicians, who generously devote so much of their time to this charitable work, an opportunity to do it in a much less fatiguing and more efficient and satisfactory manner; to the students an opportunity to make themselves useful in the care of the many thousands who resort here, and at the same time receive instruction, which will be of great service in their future professional life; to the whole community the consciousness that another institution has been provided capable of giving valuable comfort to the sick and poor, which will increase their own comfort and self-respect. Let every physician, then, realize the work that will be required to make this institution what it is capable of becoming; let them present its claims in their strongest light to their most generous patrons. By earnest and combined effort we may soon see completed a building which will be an ornament to our city, a benefit to our cause, and a blessing to humanity.

WERE WE INCONSISTENT in demanding that the American Institute remain unsectarian in creed, while at the same time we insisted that separate examining boards, in New York and other states, were absolutely necessary to homœopathy as a measure of self-protection? Our esteemed contemporary, the *Homœopathist*, says that we were inconsistent; but, with all due deference to its judgment, we maintain the contrary. The two cases are not even remotely parallel. Why are separate licensing boards necessary? Because without them a door is left invitingly open through which the ancient enemies of homœopathy may march unchallenged in, and attack the very citadel of its life. Because if, in any state legislation on the practice of medicine, homœopathy is left without adequate and explicit recognition, we have from precedent and daily evidence every possible reason to expect that an organized effort to crush out homœopathy will immediately be begun. Therefore, and only therefore, as a measure of self-protection—not to glorify our creed, but, as it were, to save our lives—must we homœopaths demand, as homœopaths, formal recognition under any new medical law. Now, in the case of tightening the Institute's law, is there the slightest parallel to this need? Obviously not the least. The Institute has gone on for years prosperously, unmolested, growing in honor and usefulness under its present code of laws. By what dangers are we threatened if the laws remain unchanged? Is there any claim that its existence is threatened by any door left open to the entrance of allopathic foes? Have any such, the door being open, entered hitherto? Is there the slightest likelihood that any one inimical to or contemptuous toward homœopathy, would need further barring out from a society than the fact of that society calling itself the American Institute of Homœopathy? When any peril threatens the Institute through too lax legislation, then and only then can it, with the slightest show of the "consistency" on which the *Homœopathist* dwells, be compared to the licensing board in the case of which very real, demonstrable and present peril threatens in event of the non-recognition of the homœopathic name. By "liberal" legislation in the Institute a door is left open only to the possible friends, though not yet pledged followers, of homœopathy. By "liberal" legislation on examining boards a door is left open to homœopathy's bitterest foes.

Addendum. — Since the above was written the July *Homœopathist* has reached our table, and we find it to contain still further strictures on our attitude and utterances in the matter now under discussion. While desiring no further controversy on a question which will be settled, for the coming two years at least, before this issue of the GAZETTE reaches our readers, we cannot refrain from pointing out the utter disingenuousness of the *Homœopathist's* representation of our position. The *Homœopathist* accuses us of representing "a confession of faith in homœopathy" as "a grievous thing," when in point of fact our protest has been, is, and to perpetuity will be, simply against a COMPULSORY "confession of faith in homœopathy," when such confession can serve only purely dogmatic ends. Were the Institute threatened in its usefulness to homœopathy by any remotely possible irruption of adversaries or even medical agnostics into its midst, through the door left open by its liberality, the GAZETTE would be the first to advocate the closing of that door. We have already demonstrated, above, the wild absurdity, from any point of view, of the idea of such an irruption or such a threatening. The liberality consistent with safety, prosperity and dignity is the only liberality the GAZETTE ever has demanded of homœopathy or homœopathic institutions. We earnestly trust that, before these words appear in print, our prosperous and dignified Institute will have, with unmistakable utterance, pledged itself anew to such liberality.

EMPIRICISM IN HOMŒOPATHY. — An element which has its representation among all "potentists," high and low, is somewhat daringly illustrated in the advance sheets of "*Double Remedies*," an article contributed by Dr. E. M. Hale to the forthcoming issue of a new journal to be called "*New Remedies*." In this article Dr. Hale advocates, supporting his position both by theory and clinical experience, the use of remedies in combination, in cases where more than one remedy seems to be distinctly indicated by the symptoms of a given case. With one or two of Dr. Hale's statements we feel moved to take issue. First, that in which he calls Hahnemann's stringent insistence on the single remedy a "dogma of his declining

years." In point of fact, — whatever may be the significance of Hahnemann's teachings as regards the actual merits of the question,—distrust of polypharmacy characterized Hahnemann's earliest utterances quite as thoroughly as his latest, and was the conviction of his youth and his ripe manhood long before it was "a dogma of old age." Again, we must protest against Dr. Hale's easy certainty that his double remedies need no proving, since their combined action will show no effects not suggested by their single action. His arguments in support of this statement are largely drawn from chemical analogies; whereas it cannot be too often reiterated that the "human body is not a chemist's crucible"; and the only safe and sane practice is to introduce into the human body in sickness no elements, singly or in combination, that have not, *not only singly but in the exact combinations to be administered*, been proved on the human body in health. This alone is science, is homœopathy, is security. To act differently is to act empirically. We do not now propose to discuss the whole question of polypharmacy, opened up by Dr. Hale's paper, but only to pause for a note and an inquiry. The note, that it is curious and suggestive of how life moves in circles, or, more hopefully, spirals,—that, as the old school is distinctly abandoning combined for single remedies, there should be inaugurated among homœopathists a movement for abandoning single for "double" remedies. And the inquiry,—why "double" remedies? If two remedies act twice as well as one, why should not a dozen act twelve times as well as one? To the distracted practitioner, especially the youthful practitioner, it often seems that a dozen remedies are exactly indicated, and no one more clearly than another. Where and why fix the limit of their combination?

VITAL STATISTICS, carefully combined and intelligently tabulated are, to any nation, of permanent and inestimable value, since on the deductions drawn from them may be based not only estimates of the nation's prosperity, but discoveries of its weaknesses and perils, and of the direction which efforts for their remedy can most effectually take. In view of the difficulty of obtaining such statistics, physicians should need no

urging to give, unweariedly and conscientiously, all the help in their power. How they can do so is indicated in the following official letter, to which we take pleasure in giving editorial space :—

DEPARTMENT OF THE INTERIOR,
CENSUS OFFICE,
WASHINGTON, D. C., May 1, 1889. }

To the Medical Profession :

The various medical associations and the medical profession will be glad to learn that Dr. John S. Billings, Surgeon U. S. Army, has consented to take charge of the Report on the Mortality and Vital Statistics of the United States as returned by the eleventh census.

As the United States has no system of registration of Vital Statistics, such as is relied upon by other civilized nations for the purpose of ascertaining the actual movement of population, our census affords the only opportunity of obtaining near an approximate estimate of the birth and death rates of much the larger part of the country, which is entirely unprovided with any satisfactory system of State and municipal registration.

In view of this the Census Office, during the month of May this year, will issue to the medical profession throughout the country "Physicians' Registers" for the purpose of obtaining more accurate returns of deaths than it is possible for the enumerators to make. It is earnestly hoped that physicians in every part of the country will co-operate with the Census Office in this important work. The record should be kept from June 1, 1889, to May 31, 1890. Nearly 26,000 of these registration books were filled and returned to the office in 1880, and nearly all of them used for statistical purposes. It is hoped that double this number will be obtained for the eleventh census.

Physicians not receiving registers can obtain them by sending their names and addresses to the Census Office, and, with the register, an official envelope which requires no stamp will be provided for their return to Washington.

If all medical and surgical practitioners throughout the country will lend their aid, the mortality and vital statistics of the eleventh census will be more comprehensive and complete than they have ever been. Every physician should take a personal pride in having this report as full and accurate as it is possible to make it.

It is hereby promised that all information obtained through this source shall be held strictly confidential.

ROBERT P. PORTER,
Superintendent of Census.

SEMWELWEIS insists that a pregnant or parturient woman should not be examined. Yes, if it cannot be done in clean clothes, with clean hands. But when young students go from the operating room, the beer-house, the dissecting room, to the lying-in chamber, wash their hands very superficially before examining, but more carefully afterwards, and are rough because these poor women are "only subjects," then, I say, restrict it for God's sake and the sake of humanity—restrict it to the last degree. Teach them to consider the body of a pregnant woman as something sacred; teach them to handle her with reverence, for, even if she is fallen, she is but the victim of one of nature's laws, and pays her penalty by giving life to another. A physician, the priest of nature's laws, should not think less of her in the hour of her suffering than of the best and most virtuous of her sex. She, too, is a mother.—*Dr. Engert in the Medical Standard.*

COMMUNICATIONS.

A CASE OF LITHÆMIA.*

BY J. W. DOWLING, M.D.,

*Professor of Diseases of the Heart and Lungs and Clinical Medicine, New York
Homœopathic Medical College.*

The following is one of many quite similar cases which I have succeeded in curing with lycopodium, the third centes. trituration, and a line of life and diet which will be detailed later in this brief paper.

Mrs. F——, age 30, no children; never has had any miscarriages; fair complexion, light hair; tendency to great redness of the cheeks from the slightest emotional causes; inclined to obesity, with a superabundance of fat in and beneath the abdominal parietes; father a decidedly lithæmic subject; mother plethoric and also lithæmic. Patient has had no serious illnesses through life aside from the diseases of childhood, from which she recovered nicely. Has always been a hearty eater of meat as well as of other kinds of food, and, living in a grape-growing section, has, since she arrived at maturity, been in the daily habit of drinking with her dinner, domestic wines, with coffee at breakfast and tea at her noon meal. The menses came on at the age of 13, naturally, and from that time to the present have been perfectly regular, and she has never suffered from uterine disturbances of any kind. From the age of 10 has been subject to headaches, coming on at intervals, formerly, of one month, and of late years as often as once and sometimes twice a week. These headaches have been severe in the extreme, accompanied by throbbing, with a feeling as if the head were full; aggravated by motion, by noise, but varying in character, including nearly every form of pain in the head. At these times she has noticed that the urine was high-colored; that after standing, particularly if in the cold, there would be a deposit of reddish sediment which would so stain the bottom of the vessel that it was with some difficulty removed. She would be sad, depressed in spirit, anxious about her health, irritable, which was not her nature. Naturally of a literary turn of mind, about the period of these headaches she would be unable to collect her thoughts, complained of dulness of the head, with occasional vertigo. On reading she would find, after finishing a page, that she had not retained it, and would be obliged to go over it again to impress it upon her memory; so it would be with the next

* Written by request for the Illinois Homœopathic Medical Association, and read by the President at the annual meeting, May, 1889.

page, until she would finally give up in despair. The bowels were inclined to constipation; stools hard, requiring great effort for their expulsion. There would be a variety of sensations about her heart; pains, feelings of pressure, which naturally led her to believe she was suffering from organic disease of the heart and depressed her greatly. She would have peculiar noises in her ears of various kinds, such as hissing and roaring. Inclined to sleep during the day, with restlessness and inability to sleep during the night; troublesome dreams; and of late she has been obliged to rise at least once in the night to urinate. Occasionally she would have slight fulness after eating, with a subsequent belching of wind; but this had been rare, and her stomach digestion had been remarkably good through life. She would sometimes complain of dull, heavy feeling of weight and fulness in the right hypochondrium, scarcely amounting to pain. These symptoms comprised her case as she gave it to me.

The condition had become such a constant one of late that she felt it was unnatural and that she was suffering from some organic disease, probably a disease of the heart, and for this she consulted me. Physical examination demonstrated positive absence of organic disease of any kind; but there was a fulness and tension of the arteries which fully corresponded with the results of the habits of life detailed above. These had undoubtedly developed a functional disturbance of the liver, which had resulted in an excess of lithic acid, which for years had been circulating in greater or less quantities in the blood, undoubtedly giving rise to the headaches and the distressing train of symptoms which she had most graphically pictured.

It required but little study or thought to learn the accuracy with which lycopodium covered the case, and the drug was prescribed. I have long since learned the folly of attempting to remove the inflammation resulting from a splinter in the flesh, an irritating or poisonous body in the intestinal tract, or a poison in the blood so long as these causes of trouble remain. I have long since learned the folly of attempting to cure conditions resulting from violations of Nature's laws, or excesses of any kind, sexual or other, so long as these excesses or violations were continued.

As a preliminary, therefore, to the administration of my drug, I exacted a promise of strict obedience to certain rules which I should lay down as a guidance for her life.

First, I ordered total abstinence from alcoholic stimulants of every kind; for the present, abstinence from tea and coffee; a greatly modified diet, excluding for a time the meat of all four-footed animals, substituting the white meat of fowls and game, fat, farinaceous food of all kinds, vegetables and fruit in abun-

dance. As a solvent for lithic acid, which might be in the blood or lodged in the pelvis or tubules of the kidneys, I ordered half a pint of water, hot as it could be drunk, half an hour before each meal and before retiring to bed; exercise, at first moderate, but to be increased from day to day; abstinence for a time from brain work, with pleasant mental recreation such as card playing, attendance at places of amusement of various kinds, etc.

From the first dose of lycopodium taken the improvement commenced, and was rapid beyond her own expectations, her husband's, those of all her friends, and even my own. The urine, which had been below the normal in quantity and far above normal in specific gravity, and loaded with lithates, of course increased immediately in quantity from the large volumes of hot water taken daily.

It is now one year since this patient first consulted me. It is ten months since she has had a paroxysm of headache. All of her distressing symptoms have subsided. The tension of the arteries has disappeared. She does not rise in the night to urinate, but sleeps soundly and sweetly, and awakes refreshed in the morning. She is happy and cheerful, and is no longer suspicious as to the condition of her heart. She has adhered to the line of diet I laid out, actually preferring it to that of her former life. The patient is undoubtedly cured, demonstrated by a most careful examination recently made. This was a lycopodium case.

The question naturally arises, would the lycopodium alone have accomplished all of this unassisted by the hygienic measures, etc.? From a large experience in the administration of what I believe to be the properly selected homœopathic remedy, without special regard to the etiology or pathology of the case, I unhesitatingly answer, I do not believe it would; and I have gone minutely into this case—which is but one of very many treated with equal success—that I might impress upon others of the profession the importance of going carefully into the history of every chronic case, studying its etiology and endeavoring to remove all factors which may have been instrumental, directly or indirectly, in giving rise to the disease process.

FOR HOMŒOPATHY. — Mrs. Elizabeth Honyman Gillespie, of Torbanehill, England, has left a sum of at least \$150,000 to establish a school of medicine in the United Kingdom, which shall be associated with the name of the late William Gillespie, and which shall embrace the teaching of homœopathy. — *North American Journal of Homœopathy*.

THE TREATMENT OF CHRONIC ULCERS. — Dr. Bitot, writing in the *Journal de Médecine de Bordeaux*, of March 18, 1888, speaks enthusiastically of the use of water-bags in the treatment of ulcers, which had resisted all modes of treatment, but healed readily under even pressure applied by means of small rubber bags partially filled with water. — *Medical Record*.

TREATMENT OF TYPHOID FEVER.

BY JOHN J. SHAW, M.D., PLYMOUTH, MASS.

Read before the Massachusetts Homœopathic Medical Society.

I should be glad if I could present to you the ideal treatment of typhoid fever. The disease germs which, once sown in the system, will proceed to their full development into a case of enteric typhus, with more certainty than a sowing of Canada thistle seed will produce a crop of thistles, are as yet, to a great degree, their own masters; and no little therapeutic hoe has yet been discovered by which we may uproot and destroy them at their first showing.

It is true that these germs, having been introduced into the system, may run their course through development, propagation, life, and final natural death, without destroying the life of their tenement, even where nature has been left to defend herself alone. Such being the case, we might confine ourselves to hygienic measures with much hopefulness; and as these measures, even where medicinal means are used, must take a prominent place, we will first consider them. Pure air, and plenty of it, is the first requisite.

Many years ago an epidemic of typhoid broke out in a European army in winter, and, as the hospitals were full, it became necessary to treat many cases in tents exposed to the rigors of the weather. Greatly to the surprise of the doctors, the exposed patients almost all recovered, while among the others the mortality was great.

I had at one time a case, late in October, in a summer cottage unplastered. The weather was very windy as well as cold, so that the blankets, hung about to protect the patient, were continually oscillating in the wind. I never had a patient do better, and would prefer to treat every typhoid case in such quarters.

The second requisite is plenty of pure water.

This the patient should be encouraged to drink as freely as he will. The surface of the body should also be bathed with water at a comfortable temperature every two or three hours. These things are not to be used because they lower the temperature, but because they rapidly remove waste material which, in all cases of fever, is being rapidly produced. The danger in these cases consists not in the high temperature, but in the waste matter being developed faster than it can be eliminated.

The lungs, the skin and the kidneys are the principal depurative organs. It is the retention of waste products which threatens the integrity of the organism; therefore we see the inconsistency of using such drugs as antipyrin and antifebrin,

for they suspend largely the action of the kidneys, and thus throw back upon the system some of the most poisonous excretions in the whole list.

The high temperature of fevers is nature's plan for ridding the system of the poisonous foreign products which endanger its life by their rapid oxidation. Therefore the lungs, skin and kidneys, should be supplied with an unlimited amount of the menstrea through whose agency this oxidized waste material is to be removed.

In the process of germ development the foreign growths become so intimately associated and incorporated with the healthy tissues of the body that these must, to a large extent, be sacrificed in the process of oxidization. The tissue waste is therefore great; and this brings us to our next point, nutriment.

It is absolutely necessary that this waste should be met by supplying to the system as large quantities of nourishment as possible.

We are here met by a difficulty which renders it indispensable that we regulate the quality of the nourishment taken. The functions of the digestive organs are so affected by the presence of the foreign poisonous products in the blood as to render them incapable of digesting all forms of nourishment; besides, the localization of the poison in the ulceration of Peyer's patches makes it absolutely essential that no nourishment should be taken that is not perfectly bland and non-irritating; otherwise the ulceration may be aggravated so as to cause fatal hemorrhage or equally fatal perforation of the bowel.

Milk seems generally to answer all the conditions of a perfect nourishment. It is easily digested and does not form a mass of sufficient firmness in the ileum to injure the diseased surface.

There are persons with whom milk is not digestible. A good substitute in such cases is water gruel, made from wheat or oatmeal, thoroughly cooked and thin enough to be drunk as readily as water. It should be strained after making (while hot) to remove all coarse, irritating particles.

These things will cover the requirements for nourishment when given in quantities of two to four quarts per day, for an adult.

Shall we use stimulants in these cases?

We find among our friends, the allopaths, the entire tendency is toward their free use. Though I should not advise it, with such utter abandon as they appear to, I still think it valuable.

I have seen cases in which the patient was evidently on the verge of fatal collapse, and teaspoonful doses of a preparation of two teaspoonfuls of alcohol in two-thirds glass water, given every half hour, have been followed by rapid and permanent

improvement. Beef tea is valuable as a stimulant, and will furnish also a very small amount of nourishment.

No drug has yet been discovered which will stop the fermentative process when once the germs have been received into the system. Bapt. tinct. was once supposed to possess this power, but, used with such expectations, it is a failure; still its symptomatic *tout ensemble* is sufficient to prove that it must be of value in all typhoid conditions. That it acts as a germicide or as an antidote I do not believe. I consider it rather as a true homœopathic remedy for the condition; and I believe it acts by fortifying the system against the generated poisons. I always give baptisia in two to five drop doses, in all typhoid states, whether enteric, gastric, diphtheritic or slow fever, and I am sure, that I always get good results from it.

For the restlessness and sleeplessness of typhoid fever, if it is not promptly relieved by bapt., I give coffea, hyos., stram., or arsen., according to indications. I never allow myself to be coaxed, frightened or driven into giving opiates or hypnotics, as they never do good and always do harm. If the above means fail, sponge the spine with cold water.

If hemorrhage from the bowels should take place, hamamelis in half-teaspoonful doses should be given and repeated frequently until relief is had. Terebinth is also highly recommended by some. Ice on the bowels over a circumscribed space, in the region of bleeding, is a safe and allowable remedy.

It is an old adage that an ounce of prevention is worth a pound of cure, and I believe it is applicable in this case. If we have a case of ulceration of Peyer's patches, which we know is liable to result in hemorrhage, why should we wait for it rather than take measures to prevent it. This can often be done by giving an occasional dose of hamamelis, and I believe it is the proper thing to do. I do not say that no other remedy would do equally good service, but the hamamelis has never yet failed me.

The bronchitis which is often set up in these cases is generally controlled by bryonia, but the individual indications will determine whether that or phosphorus, or tart. em., is the proper remedy.

In cases where there is much rheumatic pain in the limbs *rus. tox.* will be found effective. When convalescence has set in, and a ravenous appetite begins to develop itself, it will be necessary to use great caution. It is, in fact, generally the most difficult thing in the whole course of the disease to control the patient who is utterly without self-control, and the attendants who are equally without judgment or wisdom. I nearly lost a patient lately, by a professional nurse feeding him on sponge cake just at the critical time.

Do not allow the patient any solid food until the temperature has been at normal for at least a week. And begin very carefully by allowing the blandest articles in the list, and the less sugar they contain the better. Broths, dropped eggs, milk toast, baked potatoes, light bread with cream, crackers (not butter crackers) or pilot bread well softened in milk; these things will give sufficient nourishment and variety until it is safe to allow a liberal diet.

THE LIVER AS THE UNRECOGNIZED SOURCE OF VARIOUS ILLS.

BY L. A. PHILLIPS, M.D.

Read before the Boston Homœopathic Medical Society.

It is not expected or intended that this paper will furnish any new and startling information, as the members of this society are all supposed to know at least as much about the subject as the writer, but some evidence will, I trust, be presented to show that errors are common to many if not all of us, which lead to serious delay and occasionally to utter failure in the treatment of many cases of disease; and common, too, is the ignoring of causative conditions and of the organic sources of disturbance.

If, even at the risk of provoking hostile criticism, I venture to advance somewhat radical opinions, to make the points upon which we are likely to differ prominent or even obtrusive, and to raise questions which must elicit an expression of opinion and a lively interest in the discussion—if this can be accomplished, I feel sure that benefit must be derived and good come to us and to our cause, whether my own opinions be accepted or rejected. With this prefatory explanation, I trust I may make myself understood, and receive for my efforts your reasonable consideration.

Simply to remind you of the anatomical structure, the complex functions and the relative position of the liver, might be sufficient to make it understood why seemingly slight causes may seriously disturb its functions; why such disturbances affect in various and widely different ways, other organs and their functions, and why these secondary disturbances are the more prominent and more distressing, and hence often obscure or completely cover the primary difficulty. Something more than a reminder, however, is necessary to make these facts surely and clearly perceived and appreciated. It has been amply demonstrated that a slight obstruction, such as may and often does result from catarrhal inflammation of the biliary ducts, will cause a considerable and general dilatation of this elastic gland, which, in its normal state, has hardly more resistance than a soft rubber

bag. The bile thus accumulated and dilating the biliary ducts and capillaries, when the point of resistance is reached, is forced through into the blood-vessels, carried on through the hepatic veins and vena cava to the heart and into the general circulation; but this is not all. By the swelling and tension of the liver the hepatic circulation is impeded and the venous blood, coming as it does through the portal vein from both the stomach and intestines, is forced back upon these organs, causing a general passive congestion.

Catarrhal obstruction is by no means the only cause of these hepatic derangements. Malarial poisoning is well known to cause marked and sometimes enormous enlargement of the liver and spleen, with mechanical effects similar to those enumerated; and from over ingestion of carbo-hydrates, from excessive nerve waste or other less definite causes, the biliary secretion itself is rendered thick, viscid and disposed to deposit sediment or form calculi or gall-stones. To these functional derangements, rather than to any of the organic diseases of the liver, does my present study refer; and it seems to me apparent that, with the conditions described, the removal of the mechanical obstruction, the free vent to the biliary secretion, and the unobstructed action of the portal circulation *must* be accomplished before relief can be expected for the effects resulting therefrom.

Let us now briefly consider some of these effects. The venous congestion of the stomach and bowels, which must necessarily result from any considerable obstruction to the free flow of blood through the liver, has been demonstrated to so affect the secretion of the digestive ferments as to render good digestion impossible, while the powers of absorption are also weakened; and the material absorbed, being imperfectly digested, contains poisonous or unassimilable products. The result of all this in these organs is dyspepsia, flatulence, constipation, hæmorrhoids and pelvic congestions—all in themselves manifested by more or less distressing symptoms, which are far more decided and noticeable, both to physician and patient, than any which point to the deranged action of the liver as their cause and source. Then, in the other direction, the blood which passes on from the liver to the heart is not only loaded with an excess of bile, which is extremely irritating to the nerves, muscles and other tissues, but the poisonous substances brought from the digestive organs, and which, in its normal state, the liver eliminates or extracts,—these also enter into and contaminate the general circulation, rendering assimilation and nutrition imperfect, and, together with the bile (as shown by physiological experiment), “depressing the whole nervous system, especially the reflex function of the spinal cord, lessening the powers of brain

action, producing drowsiness, ending in coma, and weakening the circulation by paralysing the cardiac ganglia."* These effects manifest themselves in distressing palpitation of the heart, which causes alarm and anxiety as well as suffering; anæmic or even dropsical conditions; mental and physical lassitude, languor and weariness; while rheumatism and gout are not altogether independent of these same conditions in most instances. In all these and many more, we must realize that the symptoms of which our patients complain, and the most marked indications, point not to the primary cause, but to the organs and functions disturbed thereby; and it seems to me equally evident that remedies directed to the relief of the nerves, the heart or the digestive organs, which do not act upon and relieve the obstruction in the liver, must fail of their purpose and bring only disappointment to both physician and patient. You may say that a consideration of all the symptoms will lead to the remedy, regardless of cause or source. This may be true, but if so, then very few of us but fail to include all of the symptoms; for cases of the kind under consideration receive from nearly all physicians, prescriptions which do not cure and do not touch the causative conditions; and while it is by no means uncommon for physicians to treat gall-stone colic symptomatically, or as gastralgia, and have no knowledge or suspicion of the cause of trouble, there is little reason for wonder that, in the less painful and still more obscure conditions, the hepatic derangements are so frequently overlooked and ignored. I will offer a single example—viz.: A young lady of sixteen years, with pale and very slightly sallow complexion and somewhat oedematous appearance of face, complained of frequent attacks of palpitation of the heart; general physical and nervous exhaustion; inability to walk or take any active exercise because of shortness of breath; palpitation and exhaustion; distress in the region of the stomach; coldness of extremities while head and face felt pressed with blood; constant weariness, with depressed, melancholy state of mind. Symptoms were aggravated by any exertion, mental or physical, and during each menstrual period, which was in itself painful and the flow profuse. These general outlines will enable you to picture the case as presented to me. She had been under treatment by physicians of both schools. One of them, a homœopathist, had given her months of symptomatic treatment with very little effect. I must do something different, or fail as he had done. By a most careful and searching physical examination, I found that the only organ in which there was any apparent change was the liver, which was much enlarged;

* See Wickham Legge's "The Liver, Bile and Bilous Diseases."

and the seat of the frequent attacks of pain, which had been supposed to be the stomach, was located in or near the gall bladder. In spite of this, it should be remembered that there was very little indication in her appearance of biliousness. As I do not propose discussing in my paper the therapeutics of these cases, suffice it to say that, by administering remedies which act directly upon the liver, and particularly euonymin, a rapid and complete cure was effected, and a more rosy-cheeked, healthy looking girl than she does not to-day walk the streets of Boston.

Other cases might be cited, only to repeat, however, the evidence afforded by this ; so I will not thus tax your patience, but let me here acknowledge that I need not go outside my own personal experience to find the errors which result from failure to find the cause of trouble in cases of this kind. Neither do I claim any superiority in judgment or discernment, nor immunity from common errors. Moreover, it must not be assumed that, because I claim some cases to be dependent upon the hepatic disturbances described, I therefore represent all cases having some or many similar symptoms as being necessarily due to the same cause. This is not my claim ; but I would insist that, in all such mixed and complicated cases, and indeed in all cases of serious or persistent disturbance of healthy conditions, a thorough physical examination should be made ; and any pathological or abnormal condition which can be discovered should be included in the totality of symptoms.

When, as in the liver, — which has little sensation in itself, and hence makes little complaint, — we find evidence of trouble, we must not only consider the fact of such trouble, but also the relation which it bears to all the other symptoms ; and in selecting a remedy its effect on the organ which holds the key to the whole situation must be recognized as of prime importance.

I firmly believe that the totality of symptoms, if made to include the objective symptoms and pathological conditions, will lead to the required remedy ; but if these be ignored and subjective symptoms alone be made the guide, they will as surely lead to false conclusions and unsuccessful treatment in many cases, as demonstrated many a time and oft in conditions such as I have described.

Another conclusion to which my observations have led me is this : The known affinity of a remedy to the affected organ, or, in other words, the homœopathicity of a remedy to a pathological or functional derangement of an organ, is of more consequence in making our selection than the subjective symptoms, which are but the complaint of nerves which are suffering in consequence of the organic difficulty and its effects. To this, I

presume, you will take exception; but to expect to relieve the effects without considering or removing the cause, appears to me as unreasonable and as fruitless as it would be to give a remedy for the pain caused by a tack upon which you had seated yourself without removing said tack. I cannot but feel that the reaction from the old-school theories and practice—which made the name of a disease the basis for prescription and ignored all the finer distinctions supplied by the symptomatology—has tended to carry some of us too far in the other direction. To attain the best and surest results we must make the organ, the tissue, the region or the function, and the causative condition the basis or foundation for prescription, while making use of the peculiar symptoms in each case to guide us in individualizing and more perfectly applying the remedy.

I know this position will be condemned by many as inconsistent with homœopathy; and if this is true, then I am ready to agree that I am not a homœopath; but if, as I maintain, it gives us a broader, more rational and more scientific basis, and enables us more surely and more closely to fit the remedy to the case, then it gives us a truer and more perfect homœopathy than can be claimed for the partial, one-sided view of the case which subjective symptoms alone afford.

TRACHEOTOMY.

BY CARL CRISAND, M.D., WORCESTER, MASS.

Read before the Worcester County Homœopathic Medical Society.

The history of tracheotomy carries us back to the year 1782, when Dr. John Andree, of London, presented the first record of a successful case. In 1832 Trousseau reported his success in one case. Sanne, in 1877, recorded 2290 cases, with 516 recoveries (a little over 22 1-2 per cent). Up to 1879, Dr. I. T. Talbot, of Boston, had performed the operation forty-two times with the unprecedented result of nearly 33 per cent of recoveries. Query: Did the enjoined homœopathic treatment bring his success above that of his fellow practitioners?

According to an average based on 4663 cases operated on at the Children's Hospital, of Paris, 23.91 per cent. recovered.

Before entering upon an account of a few cases from my own practice, we will first consider the operation itself, and then note a few of the most salient points of differentiation between the two most prominent diseases in which tracheotomy is resorted to, viz.: membranous and diphtheritic croup.

The low operation is almost invariably employed in order to get as far as possible away from the seat of the disease and to

prevent its progress by means of local treatment. Laryngotomy and thyrotomy are very rarely performed in the treatment of croup. The trachea is usually opened between the lower border of the thyroid isthmus and the supra-sternal fossa, preferably near the latter when it is practicable. Dr. Miller, of Putnam, and I, always used the a. c. e. mixt. on account of its rapid anæsthesia and stimulating effect, enabling us to proceed to the operation much quicker than when pure ether was administered. By rolling up a small blanket and placing it under the neck, the throat is brought into the best position for the operation. Great care must be taken not to cut the inferior thyroid vein or the innominate artery, which sometimes lies in front of the trachea. As soon as the trachea is opened there is usually a severe spasmodic coughing spell, which causes all, or at least a considerable portion of the pseudo-membrane to be thrown out with more or less mucus and blood. Oftentimes the discharge from the throat is exceedingly acrid and produces a smarting sensation wherever it touches. After the cough ceases respiration becomes easy, the heart assumes its normal rhythm, the hitherto livid face regains its natural color from the reinforcement of oxygen to the blood, and the little sufferer enjoys once more sweet, peaceful slumber, much to the delight of the anxious parents, and to the gratification of the surgeon whose skill has wrought such a marvellous change. Although the patient has been snatched out of the relentless clutches of grim death, and another avenue of access to the seat of disease has been opened to us, our frail bark is still riding upon troubled waters, underneath which treacherous reefs are lurking; and unless, like the trained mariner, we are constantly on the alert for danger ahead, we will not be rewarded with the satisfaction of piloting our sacred charge into the haven of convalescence.

The operation should not be undertaken with the temperature of the room lower than 80° Fahr. and after the operation the thermometer should not be allowed to fall beneath 82° or 85° Fahr., because the air in the room now passes directly into the lungs without being first warmed by its passage through the usual channels, viz. : the nose and pharynx. It is equally essential to keep the atmosphere of the room laden with moisture, either from a steam atomizer or with a kettle of boiling water on the stove.

The patient's diet should be attended to very carefully and nothing but highly nutritious and easily assimilable food administered. Liquid food is better than solid food. The Beef Peptonoids, Bovinine, Murdock's Liquid Food, Mellin's and Ridge's Food, beef tea and the various cereals are excellent. Stimulants are very rarely necessary, except, perhaps, when the

patient is prostrated from a severe coughing spell, produced by the detachment of pieces of membrane in the throat.

Tracheotomy has been performed with the thermo-cautery, with the platinum knife at a dull-red heat. By the first stroke of the knife the skin and superficial fascia are divided, by the second stroke the inter-muscular tissue, and then the point of the knife is passed directly into the trachea. It is a bloodless operation, can be quickly performed and without an assistant. Amussat first made use of the thermo-cautery in 1870.

MacKenzie raises the objection to the cautery that erysipelatous inflammation is liable to follow the burn and consequently complicate the case, and he suggests that the cautery should be used only in cutting through the soft tissues and then opening the trachea with the scalpel.

Among the chief dangers to be feared after the operation are : extension of the membrane into the bronchi ; occlusion of the silver tube, thus preventing aeration of the blood and consequently producing carbonic-acid poisoning. Last, but not least, septicæmia may be mentioned. Too much stress cannot be laid upon the necessity of having intelligent and watchful attendants who understand removing and cleansing the tube.

The cases most favorable for the operation are those in which the pulse is good, the powers of assimilation of food unimpaired, and symptoms of general infection but slight.

Contra-indications for the operation are : when the patient is suffering from pneumonia or bronchitis, or when auscultation reveals the fact that air enters only one lung because its large bronchus is clogged up with the membrane ; or when the patient is already dying of cardiac failure.

The following are a few of the most prominent points of difference between membranous and diphtheritic croup.

| MEMBRANOUS. | DIPHTHERITIC. |
|---|--|
| 1. A local disease..... | Systemic disease. |
| 2. No exudation above larynx..... | Membrane usually extends from pharynx to larynx, or may go beyond it. |
| 3. Membrane easily detached..... | |
| 4. Does not leave a raw bleeding surface..... | Not easily detached. |
| | Leaves a bleeding surface from which septic matter exudes, and which makes very receptive ground for the inoculation of more septic germs. |
| 5. Not contagious..... | |
| 6. Breath not characteristic..... | Highly contagious. |
| | Sweetish breath of diphtheria. |
| 7. Glands of throat and neck rarely involved..... | Generally involved. |
| 8. Prognosis fair..... | |
| | Prognosis very grave. |

Our first case of membranous croup was that of a little girl about five years old. For several weeks before the operation she had a very severe cough, with slight rise of temperature at night. All the medicines of both high and low degree which were administered were ineffectual. The dyspnœa and aphonia gradually became worse, and as our armamentarium had been exhausted and death seemed inevitable, the parents consented to the operation, which gave immediate relief and opened the way for a new lease of life. The throat was sprayed once an hour, and sometimes oftener, with a solution of kali b. ix, about 15 gr. to a quart of water, and the same remedy given internally. The tube remained in the throat about fourteen days, and the child made a perfect recovery, with the exception of a little hoarseness, which continued for several months.

DIPHTHERITIC CROUP.

CASE NO. II. Child about seven years old. Patient of another physician; had been sick about four or five days. When we first saw her she was gasping for breath; expression of face bespoke intense agony. As soon as the trachea was opened a large quantity of sanguineo-purulent matter was coughed up out of the trachea. This was an ill omen. Respiration, however, became easier and more regular and pulse good and strong; patient seemed very comfortable. Forty-eight hours after the operation coma, caused by septicæmia, set in and death ensued without the least struggle.

CASE III. Male child fifteen months old; had been croupy for several days; cough severe; râles in the lungs and some fever. Membranous croup set in and the operation was resorted to. For about five or six days and nights Dr. Miller and I watched over him, and our efforts were crowned with success. Although he was at death's door several times before the tube was taken out, he rallied slowly, and is now a strong, healthy child. In this case we were obliged to remove the tube and cleanse it very often, sometimes every fifteen or twenty minutes, on account of the large quantities of purulent matter which were constantly forming in the throat. Stimulants were frequently used, and the steam atomizer was kept in operation most of the time to help loosen the accumulations in the throat. The tube remained in the trachea over two weeks. Recovery was rather slow and his voice is a little husky now, three years after the operation.

CASE NO. IV. Boy about six years old. The attack commenced with simple pharyngitis, but in a few days diphtheritic patches covered the tonsils. Notwithstanding all that was done, the disease progressed rapidly in its downward course into the

larynx. Dyspnœa became very severe and the lips cyanotic. There seemed no other relief possible than by tracheotomy. For twenty-four hours after the operation everything looked more hopeful. After that, however, unmistakable signs of septicæmia presented themselves, and although the cyanosis of the lips was repeatedly vanquished and good color restored to the face by giving inhalations of oxygen gas, it proved to be only the flickering of the flame of life. The diphtheritic poison had so completely permeated the system that death claimed his easy victim about forty-eight hours after the operation. His breathing was easy to the last. Without the tube it could not have been.

CASE NO. V. Patient about seventy years old. Was treated by another physician for several days for asthma, there being great dyspnœa and not much fever. When I first saw her the throat was in a highly inflamed and œdematous condition. Apis, and Bell. were prescribed without effect. Next day extensive diphtheritic deposits had taken possession of the tonsils, uvula and soft palate. On the third day the dyspnœa returned with redoubled force and patient was rapidly becoming exhausted. Tracheotomy was finally decided upon and the patient consented to take this last chance for life. Although she rallied nicely from the operation and did well for two days, she succumbed to blood-poisoning and the debilitating effects of a profuse diarrhœa.

More cases could be cited, but the above are sufficient to outline the treatment generally adopted by us. Out of the cases operated upon by us in our own practice, and including those operated upon for other physicians, nine in all, it was our good fortune to save two precious lives.

It has been said by some that the cases which recover after the operation would have recovered without it if the proper remedies had been persevered in. Whether this be true or not, I will not venture to discuss; but this I will say, that our successful cases continued to grow worse until the operation was performed, and improvement set in immediately after the introduction of the tube.

It is the most natural thing for us and "*secundem artem*" our duty in the treatment of disease to resort to the means with which we are most familiar, and in which we have the most confidence. On this ground it may be explained why some of our brethren in the profession prescribe the indicated (?) remedy until death removes all further indications. Whereas others who know the virtues of the scalpel, and are not afraid of the blood which it draws, take this "*dernier ressort*" tracheotomy, and save many a dear life which otherwise would perish.

Morell MacKenzie says: "Considering the enormous mortality of laryngeal diphtheria, even the most unfavorable figures prove that in such cases tracheotomy is not only justifiable, but that it is a positive duty."

Although tracheotomy did not save the life of one of our patients suffering with diphtheritic croup, it relieved the dyspnœa immediately, prevented suffocation and made the hour of death bearable, robbing it of its agonizing throes.

HOW TO SELECT AND ADMINISTER THE HOMŒOPATHIC REMEDY.*

BY ERASTUS E. CASE, M.D., HARTFORD, CONN.

LADIES AND GENTLEMEN OF THE CONNECTICUT STATE HOMŒOPATHIC MEDICAL SOCIETY:—The problem presented by me for consideration in the annual Presidential address required by our by-laws is, "How to Select and Administer the Homœopathic Remedy."

This subject was chosen for two reasons, namely:

- (1.) Because it is a theme rarely considered at our meetings, and
- (2.) Because it is to me of first importance and greatest interest.

I am well aware that variance of opinion exists among our fraternity. Let us all adopt the motto of the good old *North American Journal of Homœopathy*, "In certis unitas. In dubiis libertas. In omnibus caritas."

It is not my purpose to present a solution to this problem, but to state some rules which I have adopted as guides in prescribing, and to cite cases from experience illustrating their application. I assume—

- (1.) That we accept the truth of that natural law, *similia similibus curantur*.
- (2.) That the symptoms of the case have been carefully taken, giving us, as expressed in the appropriate language of Hahnemann, "The outwardly reflected image of the inner nature of disease; *i. e.*, of the suffering vital force."

We find those symptoms confusing, often conflicting, and a host in number. Some are peculiar to the constitution of the patient; some are resultant from former disease; some are functional, others are pathological, really diseased conditions of organs; still others are sympathetic, the result of those dis-

* Read at the annual meeting of the Connecticut Homœopathic Medical Society, May 21, 1889.

eased conditions; many may be due to the action of drugs already administered; some may be purely imaginary.

We have been taught to give that drug which has produced all the symptoms of the patient. It frequently happens that we cannot find a drug whose pathogenesis contains them all. Some of you have doubtless worked out a case, as I have often done, with a repertory, and found that the symptoms led not to a single, but to several remedies, one seeming to be just as applicable as another—a disheartening result after hours of faithful study. Shall we employ that remedy which covers the greatest number of symptoms—a purely numerical comparison—or can we select some special symptoms which have more weight than others in making the choice?

Dr. Drysdale divides symptoms into two classes, absolute and contingent. "Absolute symptoms are those which belong to all patients suffering from the same pathological process; contingent symptoms are those which vary with the individual and are not essentially pathognomonic." He declares that "the greater the value of a symptom for the purposes of diagnosis, the less its value for the selection of the remedy."

Prof. T. F. Allen aptly divides symptoms into determining and resulting. "Determining are those which precede and determine the development of a lesion, which, when established, becomes the fountain of new and resulting symptoms. Resulting are those which are not of prime importance to the therapist who seeks to arrest the progress of the real malady." He concludes that—

- (1.) "Some symptoms are of more value than others.
- (2.) The most valuable to the therapist are the determining symptoms, both in acute and chronic diseases."

Hahnemann's *Organon*, Article 153, reads thus:—

"In the search for the homœopathic specific remedy—that is, in the comparison of the total signs of the natural sickness with the lists of symptoms of available drugs in order to find among them one bearing a pathogenetic power corresponding to and resembling the disease to be cured—the striking, remarkable and peculiar (or characteristic) signs and symptoms of the case of sickness are to be especially and almost exclusively brought before the eye; for these, especially, must be very like the drug that is being searched for in the symptom lists, if this is to be most suitable for the cure. The general and indefinite symptoms, such as loss of appetite, headache, weakness, restless sleep, discomfort, etc., if they are not more closely defined, deserve little attention, for we find something about as indefinite in almost every sickness and caused by almost every drug."

Upon comparing the teachings of Drs. Drysdale and Allen

with that of Hahnemann, we find no inconsistency between them. Dr. Drysdale places of highest value the contingent symptoms—those peculiar to the individual case of sickness under consideration. Dr. Allen the determining symptoms—those individual peculiarities of constitution which precede and determine the development of a lesion. They simply interpret and explain the words of the master without adding to the truth contained in them. Our guide in finding the remedy, then, is as follows: "The striking, remarkable and peculiar (or characteristic) symptoms are to be especially and almost exclusively brought before the eye, for these must be very like the drug most suitable for the cure."

Now we see why our earlier attempts with the repertory failed of the best results. We were placing the absolute or general symptoms alongside the contingent or characteristic as of equal value, instead of giving them a secondary place, using them to confirm the choice of remedy made from the characteristic symptoms. A careful study of the *Organon* should have taught us better.

It may be urged that a characteristic symptom cannot be found in every case; but surely no two persons are just alike in form and feature, and the differences in constitution, and in the disturbance of the physical economy in disease, are so great that individual peculiarities are always present. Our success will be determined in great measure by our acuteness of observation in recognizing the peculiarities of the patient, and our skill in adapting to them the appropriate medicine.

CHOICE OF REMEDY.

Rule I. Other things being equal, give the preference to a mental symptom rather than to a bodily one.

Illustration—A printer, aged 38, a dyspeptic for years, Aug. 4, 1888, presented the following symptoms:—

1. Stomach full to satiety after only a little food.
2. Stomach distressed by cold food or drink; can bear only warm things.
3. Abdomen tympanitic; < in the afternoon.
4. Soreness through the abdomen in the morning.
5. Sleep disturbed by startings, talking, etc.
6. Difficult to remember what he had read, to recall names, words, etc., when talking.

Six symptoms, all characteristics of one of our anti-psoric remedies. Any one of them, taken as a starting point, would lead to the right remedy; but if either of the first five was selected, it would be a work of elimination until the sixth was reached, which would decide the question. The peculiar weak-

ness of mind, unusual to this patient, was given the highest value. Allen's Symptom Register gives only one remedy under that symptom. This covered the whole case.

R. Lyc. 30, four times a day for one week. This relieved the symptoms so that further treatment was not required until March 6, 1889. Then the stomach troubles returned, but less severely. *R.* Lyc. 200 four times a day for three days. Relief followed immediately.

Rule II. If there is no peculiar mental symptom, use the most peculiar bodily one.

Illustration—A bank cashier, another chronic dyspeptic; symptoms as follows on Dec. 31, 1888:—

1. Tasteless, gaseous eructations; no conditions obtainable.
2. Painless pressure in the stomach at any and all times.
3. Constipation; stool every morning, but hard and dry.
4. Bleeding hemorrhoids.
5. Sharp, sticking pains in the pectoral muscles of the left side, with soreness; < after eating, from touch, motion, and in damp weather; > by eructations.

Symptom No. 5 was regarded as the characteristic. The stitches and soreness in the left pectoral muscles, < by touch motion, and after eating, are markedly characteristic of one remedy only. The < from damp weather and peculiar > from eructations could not be found in its pathogenesis. It was a remedy that had never occurred to my mind in connection with stomach troubles. Nevertheless it was prescribed, and afterwards it was found to cover the case. *R.* Ranunc. b. 200, four times a day for one week. This has given entire relief up to the present date.

Query: Was the whole trouble rheumatic, to which Ranunc. b. was specific? Would those who are looking for a causal or determining symptom be satisfied with that theory as a guide in prescribing for this case? By following Hahnemann's directions the cure was effected, *cito, tuto et jucunde*. No better result could be desired.

Rule III. Get at the determining or causal symptom, if possible, from which the others result, and give that the highest value.

Illustration—A machinist, aged 42, Nov. 10, 1887.

1. Sleepy, weary, exhausted condition.
2. Dull, heavy pain in region of left kidney, always, except while lying down; often awakes, lying upon the back, with this pain, which is > by pressure or friction. The pain sometimes darts down into the thigh.
3. Constant aching in the bladder, with sharp pains which

dart into the urethra, or more frequently downward toward or to the knees.

4. Pricking sensation in prostatic portion of the urethra.

5. Burning micturition, sometimes almost involuntary ; urine specific gravity, 1018 ; strongly acid, containing no albumen, sugar or mucus, but much bile.

6. Itching and moisture on the left side of the scrotum and margin of the anus ; better when the back is worse, and *vice versa*.

An excess of biliary and other acids in the blood, which were eliminated by the kidneys, was regarded as the causal symptom. Berberis is one of the very best remedies for that condition, and the peculiar pains confirmed the choice of that drug. *R.* Berb. 12, every three hours. In ten days the patient reported himself well. In April, 1888, the symptoms returned, less severely. *R.* repeated. Now, for over a year the trouble has not returned. Even the eczema has disappeared, as should be expected, because berberis covers that symptom as well as the others.

Rule IV. A common symptom, by concomitance, may become characteristic.

Illustration—A carpenter, aged 61 years ; Oct. 26, 1887, had had for two weeks a dry, spasmodic cough at night from a tickling in the throat ; < by lying down, > by sitting up. The cough is so severe that all the muscles of the chest and abdomen are sore. Other symptoms are not prominent.

The conditions of a dry, spasmodic cough, < by lying down at night, and > by sitting up, pointed distinctly to the remedy. *R.* Hyos. 3, every two hours. Entire relief followed, so that he rested well the first night thereafter.

Rule V. In subsequent prescriptions, when the same remedy is not indicated, follow the latest symptoms which have developed.

Illustration—A married lady, aged 36, on Jan. 5, 1889, gave the following symptoms :

1. Four months ago had enteritis under allopathic treatment. Has had from three to eight diarrhœic stools every day since that time. The stools are dark, offensive liquid, containing lumps of feces. Often has tenesmus during and after stool. Always goes to stool after eating.

2. Dragging sensation through the abdomen, from the chest downward.

3. Profuse yellow leucorrhœa, pouring forth upon any exertion.

4. During the last week pain in the bones ; < on beginning to move, > by continued motion.

5. Pain and soreness in the vertex.
6. Sleepy, exhausted condition.
7. Much flatulency, with eructations of gas after eating.
8. Noisy gurgling in the bowels after eating until she goes to stool.

Two remedies came prominently to mind. *Lyc.*, indicated by the symptoms through the alimentary canal, and *nux*, because the symptoms were sequelæ of a disease treated allopathically. Prominent authorities (*Hering*, *Lippe*, etc.) say: "Never begin the treatment of a chronic case with *lycopodium*."

R. *Nux vom.* 30, a dose after every stool.

Jan. 11, reported no improvement excepting that the stools were less frequent. A new symptom had developed—a hacking cough from irritation in the trachea, < by talking, while lying down; also markedly after 4 P. M.; strongly characteristic of *Lyc.*

R. *Lyc.* 200, four times a day for three days, then placebo.

Jan. 26, reported all the troubles removed, and stated that, since the last prescription, she had expectorated a large quantity of thick, gray, granular mucus, and obtained relief from a pressure upon the sternum, which had been present for nine years. She asked if I could cure her asthma, of which I had known nothing up to that time. She then gave more of her history, as follows:—

Nine years ago she had a severe attack of asthma, and was unable to lie down for many weeks. No relief was obtained until a clairvoyant gave her something to inhale during the paroxysms. Since then the inhalation of dust, any over-exertion at work, walking up a hill or stairs, will cause an attack. A paroxysm always comes on at 1 A. M., awaking her from sleep, and it seems as if she would be suffocated. She reports that since her last call she has been tormented with thirst for small and frequent draughts of water. This, together with the newly learned history, led to—

R. *Ars.* 30, four times a day, and to report in four days.

Jan. 30, has had two attacks since her last prescription, both lighter than usual, and upon rainy nights, when she always expects trouble. *R.* Placebo.

Since that time she has had no asthma, although she has swept her house, labored hard, ran up stairs and taken long walks; and she has taken no more medicine.

Question for the society: Would *arsenicum* have cured this case if it had been given as the first prescription?

POTENCY.

Now, with regard to the potency to be used, there is no known

philosophy that is authoritative. I have no doubt but that cases have been cured by all dynamizations, from the mother tincture up to the very highest that has been employed. Each must follow the course in which study and experience shall lead him. My experience has led me to adopt the following rules.

Rule VI. Give the higher potencies to those accustomed to the use of the low, or to allopathic treatment.

Rule VII. To those accustomed to high potencies, give still higher or lower; *i. e.*, change the potency for the patient.

Rule VIII. After improvement stops change the potency if the same remedy is indicated.

Rule IX. The more exact the similarity the higher should be the potency to avoid an aggravation.

These rules are sufficiently illustrated in the cases quoted elsewhere, and I will proceed at once to the

REPETITION OF DOSE.

Rule X. In cases with a well-marked exacerbation, give a dose at the time of or immediately after an attack.

Illustration—A girl aged 3 years, July 23, 1888, had had dysentery for one week under allopathic management, and seemed in a desperate condition. Stools as often as every hour, of bloody water, with a little mucus and much tenesmus; anus raw from the discharges. *R.* Merc. cor. 200, a dose after every stool. July 24, stools less frequent, with no blood. *R.* continued. July 26, not much change since 24th. *R.* Sulph. 200, one dose. A rapid coalescence followed without further medication.

A disregard of this rule has often caused an aggravation. One case is cited. A painter, aged 28, July 23, 1878, had diarrhœa; stools small in quantity, yellow, watery and fetid; < at night. Thirst for little and often; great exhaustion. *R.* Ars. 30, every two hours. July 27 reported that he became much better, and then worse than ever, with nausea and vomiting and excoriated anus; stools of same character. *R.* Sacch. lactis. July 28, said that the diarrhœa stopped within three hours, and he is now well, excepting the weakness.

Rule XI. Repeat the dose until an effect is produced, and then stop.

Illustration—A married lady, aged 37 years, Feb. 22, 1888, wanted three large seed warts removed from the hairy scalp, where they were very troublesome. Her health seemed good, and no leading symptoms were obtained. *R.* Caust. 200, four times a day until a change was noticed, and then to report to the doctor. March 4, warts were larger and sore. *R.* Sacch.

lactis, and directed her to report when the warts stopped growing smaller. April 21, said that the warts decreased in size until about a week ago; no change noticed since. *R.* Caus. 30, four times a day for three days, then placebo. June 1, reported that the warts were entirely gone.

Rule XII. Never repeat so long as improvement continues, even if it is slow.

It is hard to wait patiently for the action of a remedy to cease, but it always proves satisfactory to the patient and physician when we do so. Impatience has many times spoiled a case for me. I will describe one of them.

Illustration—A married lady, aged 61 years, May 3, 1888. Has a moist eczema, with much swelling upon the left leg. It began upon the ankle two months ago, and now encircles the limb, extending from the foot to near the knee. She has stinging, itching and darting pains through it; < in the afternoon, especially after four o'clock. The urine is scanty; abdomen swollen and sensitive to pressure; the under eyelids are puffy. *R.* Apis 200, three times a day three days; then placebo. May 10, swelling and pains less; better every way. *R.* Sacch. lac. May 17, improvement continues, countenance looks better and urine is free, but the size of the sore has not decreased. *R.* Apis 30, three times a day three days; then placebo. This was followed by a severe aggravation, and she came not again, although I heard from her directly and knew her condition.

An experience with several similar cases, in which "patience had her perfect work," convinces me that this failure was wholly unnecessary.

No authority is claimed for these rules, and the cases cited are not remarkable.

The intent has been to draw forth a discussion, during which other members will give their methods and opinions for our common benefit.

If any are encouraged to study their cases more closely and to follow the instructions of the *Organon* more faithfully, the purpose of this paper has been accomplished.

DOCTOR J. H. SPALDING recently received an order for a set of teeth which read (the order, not the teeth) as follows: "My mouth is three inches across, five eighth inch through the jaw. Sum hummocky on the edge. Shaped like a horse-shoe, toe forrard. If you want me to be more partiklar, I'll hev to cum thar."—*Clinical Reporter*.

TO PREVENT THE CONDENSATION OF VAPOR ON LENSES IN THE THROAT.—Dr. Stocquart, in the *Paris Medical*, calls attention to an easy method for preventing the lenses of instruments from becoming dim while being used to examine cavities. It suffices to spread a drop of glycerine on the lens. This done, it can be introduced in the throat, for example, without becoming dim.—*London Medical Record*.

GLEANINGS AND TRANSLATIONS.

—:O:—
CALLOSITIES, CORNS AND WARTS may be successfully removed by moistening the growth or patch with an antiseptic solution, and then thickly covering it with salicylic acid. Moist borated lint is placed over this, and the whole covered with gutta-percha tissue and bandaged. This is allowed to remain undisturbed for five days, at the end of which time the dressing is removed, and the thickened epidermis is usually found shrunken and loosened from the underlying parts. In callosities of high grade it may be necessary to repeat the treatment. The writer has never seen a caustic effect from the application. — *Possen Müncher Med. Wochenschrift* — *Ther. Anal.*

ATROPINE IN PULMONARY HEMORRHAGE. — At the meeting of the Medical Society of Victoria, on the 14th of last November, Dr. R. A. Stirling narrated a case of profuse bleeding from the apex of the left lung, in which hypodermic injections of ergotin and other commonly used remedial measures had failed to check the hemorrhage, which was sufficiently severe to threaten immediate death by suffocation, but in which the hypodermic injection of one-hundred and fiftieth of a grain of atropine at once controlled the bleeding. During twenty-four hours the injections were repeated at intervals of every six hours; then, thinking that the stoppage might have been accidental, the doctor omitted the treatment for twelve hours, with the result of a fresh and severe attack, which was at once controlled by the renewal of the treatment. — *Ther. Gazette.*

THE PHYSIOLOGICAL ACTION OF PERFUMES. — W. P. Ungere writes to the *Popular Science News*: I have watched for years the action of inhaling perfumes on the human system, and come to the conclusion that inhaling perfumes and odors of flowers is not only a valuable therapeutic agent to the human system, according to Professor Schönlein's statement, but it is my personal opinion that living in perfumed air will prevent lung diseases, and arrest the development of consumption. In my connection with perfumery manufacturing, for over thirty years, I have had several consumptive persons in my employ of both sexes, who were condemned to die young of the inherited disease, outside of that occupation, but who lived to a good old age in the saturated air of perfumes. In my late visit to Grasse, in the south of France, which is called the Flower-Garden of Europe, my assertions were confirmed, as consumption is of rare occurrence in that locality. The air is full of the escaping vapor from the distilling of perfumes and ethereal oils, which is the

chief occupation of that country ; and the in and out door air is saturated with the exhalation of the flowers and plants all the year round. — *N. Y. Med. Times.*

EXTRUSION OF GALL STONES BY DIGITAL MANIPULATION. — Harley (*Illustrated Med. News*) has long successfully practiced regulated digital manipulation, through the intact abdominal walls, for the purpose of possibly extruding gall stones in the cystic and common bile duct. In cases where obstruction exists the gall bladder is often sufficiently distended to be readily felt through the abdominal parietes. In these, gentle, digital kneading for a period of fifteen to twenty minutes will both relieve pain and promote the expulsion of the stone. Even cases in which the gall stones or masses of inspissated bile have been impacted for months or years are thus readily relieved. The same judiciously regulated digital manipulation along the course of the ureter will often succeed in forcing renal calculi into the bladder. — *Polyclinic.*

ACCURATE EXPERIMENTS. — It is well known that a cold sensation reaches consciousness more rapidly than a sensation of warmth. Dr. Goldschneider, of Berlin, is reported in *Science* to have recently accurately measured the length of time necessary to perceive these sensations. Contact with a cold point was felt on the face after 13.5, on the arm after 18, on the abdomen after 22, on the knee after 25 hundredths of a second. The sensation of a hot point was felt on the same surfaces after 19, 27, 62, and 79 hundredths of a second respectively. This great difference in time has an important theoretical bearing on the physiology of dermal sensations. — *N. Y. Med. Times.*

A NEW METHOD OF ILLUMINATING INTERNAL ORGANS. — The well-known experiment for showing total reflection of light in a jet of water or in a glass rod has been made use of here by Dr. Roth and Professor Reuss in devising a new method of illuminating from outside some cavities of the body, such as the larynx and nose. The instrument used for this purpose is a well-polished (not blackened) glass rod, to one end of which a small electric incandescent glow-lamp, like those used for electric breast-pins, is attached. The light of the lamp is reflected equally through the whole glass rod to its other end, which is placed on the skin of the throat in the case of a laryngoscopical examination being required. Then the interior of the larynx becomes illuminated sufficiently for laryngoscopy. If this luminous glass rod is applied to the sclerotic, the interior of the eyeball can be examined in the same way as by using an ophthalmo-

scope, the structure of the posterior parts of the vitreous body being very well seen and studied. As the glass rod remains cold, it can be employed in operative surgery to light the natural and artificial cavities. — *The Lancet*. — *Med. Rec.*

A NEW USE FOR ETHER.—Dr. H. A. Hare, of Philadelphia, suggests, in the *University Medical Magazine*, a new use for ether during anæsthesia. Very frequently during the early stages of the administration of an anæsthetic the patient “forgets to breathe,” even before the ability to perceive peripheral irritation is lost. Even later in anæsthesia, when the breathing suddenly ceases, it is customary to use cold water externally and to slap the patient with wet towels. Such measures are generally called for hurriedly, and it is not at all uncommon for an exasperating delay to occur before the water arrives. The ether is always at hand, however, and Dr. Hare finds that, in a large number of instances, both in man and the lower animals, the free use of ether poured upon the belly causes so great a shock by the cold produced by its evaporation as to cause a very deep inspiration, which is often followed by the normal respiratory movements.—*Boston Medical and Surgical Journal*.

STROPHANTHUS IN ACUTE WEAKNESS OF THE HEART.—After very favorable results had been obtained in the “Erlanger Med. Poli-Klinik” from the use of Strophanthus tincture in certain diseases in consequence of disturbed heart’s action, as, for example, cardiac oppression, dyspnœa, sleeplessness, etc., the remedy was tried in threatening or incipient heart-weakness in the course of febrile diseases, and seemed to be, especially in pneumonia, of the greatest value. The writer gives a few cases, as, for example, old people with emphysema and weak hearts, who, with the help of Strophanthus, were carried through the pneumonia safely, which without it would have been fatal. The subjective condition improved a short time after it had been taken, the respiration became quiet, the pulse decreased in frequency, and, above all, the pulse became fuller, stronger and more regular. The writer employed Merck’s tincture.—*Dr. Gratz in Allg. Med. Zeitung*.—*Medical Era*.

A GOOD WORD FOR THE DOCTOR.—A. B. Ward writes thus, in *Scribner’s*, of an important function of the doctor:—“The doctor who could not laugh and make me laugh I should put down for a half-educated man. It is one of the duties of the profession to hunt for the material of a joke on every corner. Most of them have so esteemed it. Garth, Rabelais, Abernethy, and a hundred or so more too near to be named,—what genial,

liver-shaking, heart-quickenings, wit-waking worthies they were and are! To the son who loves her best, Nature reveals most her tricks of workmanship. He knows there is a prize in every package of commonplace and sadness, and he can find it—not only the bit of fun, shining to the eye of a connoisseur like an unset jewel, but the eccentricity, the resemblance, the revelation, countless signs and tokens of the evanescent, amusing, pathetic creature we call the human. Heartless, grasping, irreverent? The deepest compassion for human ills, the broadest generosity to human needs, the highest respect for all that is strong and pure and holy in human lives, I have seen in the men who come closest to the mystery of life and the mystery of death, who read the naked heart when it is too weak or too sorrowful to hide its nakedness, who know our best and our worst, and are most of them wise enough to strike the balance. If they are cynics, it is we who have made them so. We are the books out of which they learn their lessons.”—*Boston Medical and Surgical Journal*.

THE SUSPENSION TREATMENT OF LOCOMOTOR ATAXIA.—The only novelty in the department of medicine, so far as I know, is Charcot's suspension treatment of locomotor ataxy. It is well recognized how intractable a malady this is as a rule, and consequently every one is ready to jump at a new treatment, even though, perhaps, not very much for it can be maintained as yet. The patient is suspended much after the fashion of Sayre's treatment of spinal caries. The suspension at first should only be for half a minute or so, and after a while the time can gradually be prolonged until the maximum of four minutes is attained. It is said that no discomfort is experienced by the patient during the suspension, and that, as an immediate result, he is enabled to walk more steadily. From the cases recorded by Charcot in his lecture, and published in one of the early numbers of the *Progrès Médical* this year, there can be no doubt that some amelioration, perceptible both to the patient and to his doctor, does take place at once, but as yet no improvement has taken place in reference to the knee-jerk or the condition of the pupils. I think that the new treatment is interesting in that it confirms the idea of a vascular origin of the disease, inasmuch as it would seem probable that the effect of the suspension would be exercised mainly through the vascular system. — *London Corr. of New York Med. Jour.*

THE DIET IN CHRONIC PARENCHYMATOUS NEPHRITIS. — The best diet is milk. It is easily assimilated and provides sufficient nourishment. Less urea is formed from it than from other

ailments and it furnishes a large quantity of fluid to flush out the kidney. When its use is contra-indicated we may recur to broths and light farinaceous foods. Pure water should be drank every day in large quantities, if the stomach will kindly receive it. Uncooked eggs should be especially avoided. Stimulants should be abjured, except when uræmia threatens; then brandy or whiskey may be used. — *Med. Rec.* — *Ther. Anal.*

BEER YEAST AS A THERAPEUTIC AGENT. — The European medical press has circulated very largely the assertion that, during cholera epidemics, the employes of breweries have been singularly free from the contagion. The experiments with beer yeast made by Dr. Heer, the attending physician of the penal institution at Ratibor, as communicated by him to the *Deutsche Medizinische Zeitung*, may be of considerable interest. He says that he had noticed more than twenty years ago that, in more than four hundred cases, pure beer yeast would rapidly cure scurvy, and that its use was without danger or even the slightest unpleasant consequences.

In 1866 he tried the same remedy in the treatment of cholera, and met with better results than with any other mode of treatment, and thus came to the conclusion that the yeast plant was an antagonist of the comma-bacillus, as well as to the microbe causing scurvy, and that thus a remedy was found which, without injury to the human system, would deprive these bacteria of their sustenance. The following were the conclusions arrived at: —

1. Yeast is probably a powerful remedy for zymotic diseases, and in scorbutis and purpura undoubtedly so.
2. In several cases of well-advanced tuberculosis I have seen it overcome high febrile conditions, followed by a well-established arrest of the solidifying of the lung tissues, which had progressed several months.
3. The exhibition of yeast is very easy; doses up to two litres per day were given without the slightest bad results.
4. The remedy is readily taken by the patient, and replaces the use of milk.
5. By its easy assimilation it becomes a nutrient.

Dr. Heer suggests the administration of beer yeast in diphtheria, and hopes for the best results from its use. As beer yeast can be obtained at any lager-beer brewery, it would seem as if our physicians should give this new remedy a thorough trial, remembering, in this connection, the good effects generally obtained from the use of the old-fashioned yeast poultice. — *American Analyst.*

SOCIETIES.

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THE MAINE HOMŒOPATHIC MEDICAL SOCIETY.

The twenty-third annual meeting of the Maine Homœopathic Medical Society was held in the parlors of the Augusta House, Augusta, Tuesday, June 4. Promptly at 10.30 President J. H. Knox, of Orono, called the assembly to order, and thirty members responded to the roll-call. The report of the treasurer, Dr. Will S. Thompson, of Hallowell, showed that the society was in excellent financial condition. The following were unanimously admitted to membership: G. W. Brown, M.D., Cumberland Mills; A. K. P. Harvey, M.D., Bath; E. D. Merrill, M.D., Dover, and J. M. King, M.D., Damariscotta.

For the Bureau of Materia Medica, Dr. Huldah M. Porter read an interesting paper on "Mercurius," followed by Dr. M. S. Briry, of Bath, on "Nitric Acid in Diphtheria," and Dr. W. F. Shepard, of Bangor, on an "Abridged Materia Medica." The society then took a recess for dinner.

At the afternoon session, which convened at 2.30 o'clock, the Bureau of Clinical Medicine reported papers by Dr. D. C. Perkins, of Rockland, on "Cholera Infantum;" Dr. J. M. Prilay, of Bangor, on "Typhoid Fever;" Dr. J. C. Gannett, of Yarmouth, on "Cholera," and Dr. Caroline F. Brooks, of Brunswick, on the "Care of Infants." The discussion of the various papers of this bureau was entered into generally by the members.

For the Bureau of Surgery, Dr. W. B. Perkins, of Bridgton, read a full paper on "Modern Surgery." This paper elicited very free debate on the subject of antiseptic surgery.

The Bureau of Ophthalmology, Otology and Laryngology presented a paper by Dr. H. C. Jefferds, of Bangor, on the subject of "The Preventive Treatment of Myopia." Dr. G. E. Heath related a case of foreign body in the ear, and gave comparison of indications for the use of aconite and belladonna.

For the Bureau of Gynecology, Dr. J. W. Whidden, of Portland, read a very complete paper on "Laceration of the Cervix Uteri."

Adjourned for supper.

The evening session was devoted to the business of obstetrics, papers being read by Dr. Cora M. Johnson, of Skowhegan, on a case of "Cystocele Complicating Labor," and Dr. W. S. Thompson, on "Edema of Anterior Portion of Cervix Uteri Complicating Labor."

The following officers were elected: President, J. W. Whidden, M.D., Portland; 1st Vice-President, D. C. Perkins, M.D., Rockland; 2d Vice-President, W. F. Shepard, M.D., Bangor; Recording Secretary, J. C. Gannett, M.D., Yarmouth; Corres-

ponding Secretary, F. A. Gushee, M.D., Appleton; Treasurer, Will S. Thompson, M.D., Hallowell; Censors, H. C. Bradford, M.D., Lewiston; D. S. Richards, M.D., Richmond; M. C. Pingree, M.D., Portland; C. A. Cochran, M.D., Winthrop; T. N. Drake, M.D., Pittsfield. Committee on Legislation, W. L. Thompson, M.D., Augusta; W. L. Shepard, M.D., Bangor; A. I. Harvey, M.D., Newport; S. E. Sylvester, M.D., Portland; M. S. Briry, M.D., Bath. Executive Committee, Drs. G. P. Jeffers, H. C. Jeffers, W. F. Shepard and J. M. Prilay, all of Bangor.

The next meeting of the society will be in Bangor, on the first Tuesday of June, 1890.

HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.

The regular quarterly meeting of the Homœopathic Medical Society of Western Massachusetts was held at Cooley's Hotel, Springfield, June 19. The meeting was called to order at 11.30 A. M. by the president, George F. Forbes, M.D., of West Brookfield. Minutes of the Secretary were read and approved. The Treasurer's report, which showed a handsome balance in the treasury, was read and accepted. The Board of Censors reported favorably upon the application for membership of Dr. W. B. Robinson, of Shelborne Falls, and he was unanimously elected a member.

Pursuant to an invitation extended with the notice of the meeting, some of the members brought with them specimens of indigenous medicinal plants for exhibition. The best collection, by far, was that furnished by Dr. Gibbs, of Lee, containing several rare specimens. The doctor described the various plants, together with their habitat, to the society.

The Committee on Diseases of Children and of the Respiratory Organs, through their chairman, Dr. E. A. Murdock, reported as follows:

"Florida as a Health Resort," by B. A. Sawtelle, of Wales. Dr. Sawtelle having spent considerable time in Florida, spoke from personal experience. He considered the climate there very favorable for consumption in the incipient stage. The reason so many were disappointed was because they waited until it was too late for any climatic influence to be of permanent benefit. He would not send patients to the hotels to board, but to quiet homes near the forests. Would have patients who improve remain several months, over two winters, if possible.

In the discussion which followed, most of the members objected to the dampness of Florida, preferring the climate of Southern California, Arizona or New Mexico. Some had seen most benefit from the climate of Colorado.

Dr. Parkhurst read an article from the *Medical World* on "Hot Air" in the treatment of phthisis. Dr. Cushing had been to New York to learn about this treatment, but had little faith in it. Thought more of ozone, and exhibited an apparatus for the manufacture and administration of the latter.

Eulogistic remarks relative to the late Dr. Wm. B. Chamberlain, of Worcester, were made by President Forbes and others, and Drs. G. F. Forbes, N. W. Rand and A. M. Cushing were appointed a committee to draft appropriate resolutions to be adopted by the society.

Adjourned for dinner.

The afternoon session was opened by a paper by Dr. J. P. Rand, of Worcester, entitled, "How to Diagnose Consumption by the Microscope." The doctor described the tubercle bacillus of Koch and the methods of preparing the sputum for examination, illustrating with recently prepared specimens under the microscope. He claimed that by this means a diagnosis could usually be made months before it could be done by a physical exploration, and thus much precious time saved. He considered that the experiments of Koch, Friedlander and others, proved beyond a doubt that tubercle bacilli were invariably the cause of phthisis. He urged the necessity of carefully disinfecting all receptacles for sputa and of destroying the sputum itself as soon as expectorated to prevent the transmission of the disease.

Dr. Murdock read a paper on "Cholera Infantum," describing the successful treatment of several cases from his own practice. Next to mother's milk he prefers Horlick's food, and, if that fails, tries Mellin's or others; does not believe in condensed milk; thought well, of sweet oil and alcohol baths. The medicines he had most frequently found successful were bell., ars., podo., gels., cham. and ipecac. In the discussion which followed several urged the necessity of the free administration of cold water.

The Committee on Resolutions reported as follows:

Whereas, since the last meeting of this society one of its most honored members, Dr. William B. Chamberlain, has been called from earth; therefore

Resolved, That we hereby desire to place on record an expression of our appreciation of his manifold excellencies of character, and of our own great loss.

He was one of the most beloved of our fraternity, genial, considerate, generous — in thought and act — toward all; a typical family physician, whose noble nature carried in itself health and happiness.

Dr. Chamberlain was an extensive reader and a close observer. Few possess so much of practical knowledge as did he,

yet no one was ever more willing to obtain information from even the humblest sources. He was a loyal upholder of homœopathy, and by practice and precept aided much in the establishment of its truths. From the busy cares of his life he found time to attend meetings of the various societies with which he was connected, and always contributed liberally from his store of experience. "With malice toward none and with charity for all," he faithfully performed, through life, the sacred duties of his calling, and in his death every true man and every worthy cause have lost a friend.

Dr. G. F. Forbes was chosen delegate, and Dr. J. K. Warren delegate alternate to the coming meeting of the American Institute of Homœopathy. The meeting then adjourned.

N. W. RAND, M.D.,

Secretary.

MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY.

The semi-annual meeting of the Massachusetts Surgical and Gynecological Society was held at hotel Thorndike, Wednesday, June 12, 1889, at 4 o'clock P.M., the President, Dr. L. A. Phillips, in the chair. The Secretary, Dr. George R. Southwick, being in Europe, Dr. Charles M. Fuller was elected Secretary, pro tem. The Treasurer, Dr. J. H. Sherman, reported the finances of the society to be in good condition.

The following physicians were elected to membership: Geo. D. Bliss, M.D., of Dorchester; A. H. Powers, M.D., of Boston; N. L. Damon, M.D., of Dorchester; Samuel L. Eaton, M.D., of Newton Highlands; Fred W. Elliott, M.D., of Boston Highlands; I. E. Luscomb, M.D., of Fitchburg; M. W. Turner, M.D., of Brookline.

The delegates from the Rhode Island Homœopathic Society, Drs. Peck and Whitmarsh, were present.

The following papers were presented, viz.: "The Intra-Uterine Spray in Diseases of the Endometrium," by Edwin M. Hale, M.D., of Chicago, read by the Secretary. "A Comparison of the Various Treatments of Wounds," by W. P. Defriez, M.D.; "Some Obscure Clinical Cases," by D. B. Whittier, M.D.; "Puerperal Septicæmia" by J. H. Moore, M.D.; "Cases of Interest from One Quarter's Service in the Massachusetts Homœopathic Hospital," by A. Boothby, M.D.; "A Complicated Case of Syphilis and Gonorrhœa," by W. H. Tobey, M.D.

The various papers were quite fully discussed by the members present. It is to be regretted that the attendance was not larger, as the material furnished by the writers was varied and

instructive. A number of papers were not read owing to the absence of the contributors. A very satisfactory supper was served at 7 o'clock P.M. The society adjourned at 9.30 P.M.

CHARLES M. FULLER, M.D.,
Sec'y Pro Tem.

REVIEWS AND NOTICES OF BOOKS.

PSYCHOLOGY AS A NATURAL SCIENCE. By C. G. RAUE, M.D.
Philadelphia: Porter & Coates. 1889. 541 pp.

Dr. Raue has in this most scholarly and profoundly interesting volume, given to all lovers of abstract thought a work of permanent value and helpfulness. It is thoroughly logical and philosophical in tone, and yet reverent and anti-materialistic in its teaching; it struggles after, and to a greatly unusual degree attains, that which is the deepest yearning of the human soul in all ages—a reconciliation of reason and intuition in those things which are beyond material touch and sight. No more rational support has ever been given to the hope of immortality than can be gathered from the pages of this book; and many of those strange phenomena which mock us from the borderland of consciousness are shown to be susceptible of at least an hypothetically orderly arrangement under clear and definite, though as yet imperfectly understood, laws. In this wise second sight is dealt with: hypnotism, apparitions, clairvoyance, and all their kin. The chapter on the somewhat terrible phenomenon we call death, is one, we venture to predict that, once read, will be re-read until it weaves itself into the very texture of one's thought. It is a work in which the theologian, the physician, and the lover of philosophical speculation may find rich food for thought. Without compelling acquiescence in its conclusions, a study of it cannot but be most quickening and stimulating to intellectual growth. It is the most practical work on psychology it has ever been our good fortune to chance upon; and we commend it to our readers without critical reservation.

SUGGESTIVE THERAPEUTICS: A TREATISE ON THE NATURE AND USES OF HYPNOTISM. By H. Bernheim, M.D. Translated from the French by Christian A. Herter, M.D. New York: G. P. Putnam's Sons, 1889. 420 pp.

On a careful reading of this deeply interesting volume, "suggestive therapeutics" will be found, the author's protest to the contrary notwithstanding, to be practically a new and scientific synonym for the process long known as mesmerism, the attempt being made to divest it of all the mysteries which have in the

past been woven about it by charlatanry, and to apply it to distinctly therapeutic ends. The writer is an enthusiast on the subject, and adduces not only strong theoretical reasons for recognizing hypnotism among the legitimate resources of modern medicine, but cites in detail no fewer than 105 cases in which it has been employed by him or under his direction, in the great majority of them with definite success. Naturally most of these cases were more or less neurotic in character; but among them were patients afflicted with a variety of more material ills, such as gastritis, rheumatism and the like.

If the signs of our medical day teach anything, they teach that mental therapeutics—let us call it by what name we will—is asserting and substantiating its claim to serious respect, study, and consideration. In it there resides a great and undeniable power for good or evil. Its power for evil is being demonstrated about us every day in the hands of charlatans and fanatics. Its power for good it is the duty of every wide-minded physician to seek out, experiment with, and utilize. There will be many, ourselves we admit, among them, who may feel that in his enthusiasm Dr. Bernheim minimizes the danger to individuality and will power, which lurks in even the best-intentioned control of patient by physician. But his book is both thoughtful and practical, and claims thorough reading and earnest consideration. It contains truths without some grasp of which no physician is fit for his work.

PHYSIOLOGICAL NOTES ON PRIMARY EDUCATION AND THE STUDY OF LANGUAGE. By Mary Putnam Jacobi, M.D. New York: G. P. Putnam's Sons. 1889. 120 pp.

This profoundly philosophical little essay embodies the latest and the most scientific theories as to the nature, progress and methods of true education. The text and central thought may be summed up as "first things, then signs;" an application, in brief, to all education from its basic to its advanced stages, of the principles of Froebel and his disciples. Dr. Jacobi clearly and fascinatingly illustrates her theme by the account of "an experiment in primary education," conducted by herself, which was in the last degree interesting and successful. The most complex and abstract thought is made to serve the most practical ends in a fashion that smacks of genius. No lover of logical thinking and writing can afford to miss the treat which waits him in these pages. Physicians should especially grasp and appreciate the plea for classical education thus tersely summarized:

"The construction of the Latin language as a whole, compels the translation of the modern mind into a form of consciousness

sufficiently remote from its own to necessitate a great change in the general synthesis of cerebral activity. The same is true of Greek. The change constitutes a powerful mental exercise and brain stimulant."

A MANUAL OF DISEASES OF THE EAR. By Albert H. Buck, M.D. New York: William Wood & Company. 420 pp. Illustrated. Price, extra muslin, \$2.50.

This work is practically a revision of the author's previous book entitled "Diagnosis and Treatment of Ear Diseases," which was published as a volume of "Wood's Library" in 1880, and consequently was in a large degree withheld from general circulation. It is now put forward in very attractive form and in one better adapted for use as a student's manual. Some chapters are new, some are largely re-written, and others remain much as before. In the matter of illustration much improvement is seen. The characteristic feature of the book, as in its predecessor, lies in the quantity of clinical material which is introduced through the description of individual cases which have been treated by the author, evidently transcribed directly from his case-book. This feature will especially commend the work to those who desire an intimate knowledge of aural conditions.

DISEASES AND INJURIES OF THE EAR. By Charles H. Burnett, A.M., M.D. Philadelphia: J. B. Lippincott Co. 1889. 154 pp.

Like all its companion volumes in the "Practical Nursing" series, this little book is as far as possible untechnical, and conveys its sound and comprehensive teachings in the concise manner consistent with scientific accuracy. It is divided into three parts, treating respectively of I. The Structure and Function of the Ear. II. Common Diseases and Injuries of the Ear. III. The Aural Hygiene of the Deaf. It is a work by which the laity may amazingly profit; and physicians will both enjoy and learn by the reading of it; if only that facts already familiar to them are so amusingly and strikingly put, as, for instance, that "The troublesome plugs of hard wax are usually found in the cleanest people."

THE INTERNATIONAL MEDICAL ANNUAL. New York: E. B. Treat & Co. 1889.

Among the distinguished contributors to this volume, whose names alone testify to the value and originality of its contents, are Drs. Charles L. Dana, T. S. Dowse, Morell MacKenzie and Kenneth Millican. The newest treatment in all branches

of medicine is briefly but comprehensively set forth in a series of articles, any one of which may be instantly consulted through the very perfect index of references and cross-references which precede them. The sections on electro-therapeutics and mechano-therapeutics will be found of marked interest. Many explanatory cuts illustrate the text.

The *POPULAR SCIENCE MONTHLY* for June is largely given over to religious discussion; having articles of widely differing suggestion from Huxley and Mallock. A weak and fanatical defence of Christian Science is offered by Joshua F. Bailey, and is demolished further on, in a particularly unsparing editorial. Physicians will be especially interested in the paper on "Mischiefs Makers in Milk," by Alice B. Tweedy. New York: D. Appleton & Co.

The June *CENTURY* deals, in the Life of Lincoln, with the "Pomeroy Circular, the Cleveland Convention and the Resignation of Chase." Mrs. Van Rensselaer has an interesting sketch of Corot, which is beautifully illustrated. Mrs. Foote concludes her spirited tale of the "Last Assembly Ball;" there are two short stories, both markedly original in plot, and both pathetic; "The Woman in the Case," by George A. Hibbard, and "King Solomon of Kentucky" by James Lane Allen. Miscellaneous articles of course abound. The verse is not especially noteworthy. New York: The Century Co.

MISCELLANY.

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ADVICE WELL PLACED.—Some lugubrious religious crank has been plastering the rocks along the Hudson River with the words in white paint, "Prepare to meet thy God." And with an unconscious humor he has occasionally placed this statement after the name of some patent medicine, so that the traveler reads it is follows: "Use Killem's Disease Annihilator—Prepare to meet thy God."—[Ex.]

MEDICAL PRACTICE IN ARIZONA.—First Doctor: "Got back already from Arizona?" Second Doctor: "Yes; I don't like it out there. What's the matter? If you have a case of smallpox and don't report it to the Board of Health, you are fined and imprisoned. If you do, the relatives fill you full of buckshot. It ain't a healthy country for a young doctor."—*Medical Standard*.]

MEDICAL ROYALTIES.—According to *Truth*, "Prince Louis Ferdinand, of Bavaria, who is married to the Infanta Paz, is a very clever surgeon, and at one of the hospitals in Madrid he recently operated on a woman who was suffering from cancer of the breast, with complete success. His relative, the Duke Charles Theodore, brother of the Empress of Austria, is both oculist and surgeon, and is very skilful; but his fondness for the knife is not appreciated at the Vienna and Munich hospitals, for whenever he operates all the regular arrangements are upset, the whole staff is required to be in attendance on him; he must always be respectfully addressed as 'Your Royal Highness,' and strict etiquette is observed, all of which is decidedly a nuisance. When the Duke is at Vienna, he often passes the whole day in the General Hospital, and if there are any arms or legs to be cut off, he hastens joyfully to the work. Duke Charles' zeal may possibly be moderated by his accession to the Bavarian estates of his father, Duke Max, who died the other day. He is married to a cousin of the King of Portugal."—*Medical News*.

THE STATEMENT THAT WOMEN STUDIED MEDICINE IN IRELAND in the eighteenth century will doubtless surprise many physicians who have believed that the natives of that country entertain peculiarly restrictive views as to the position of the female sex, yet a stanza of Dr. J. Gilborne's poem, published in Dublin in 1775, refers to Dr. E. Foster, of Dublin, a noted eighteenth-century authority on obstetrics and hospitals, as follows:

"Judicious Foster feels the latent Pulse,
To hidden Maladies gives quick Repulse,
In Parturition brings propitious Aid—
Each Dame retrieves that has by him been laid.
He teaches Pupils, either Sex, apart,
In learned Lectures his mysterious Art."

—*Medical Standard.*

TO REMOVE A CINDER FROM THE EYE.—Dr. R. W. St. Clair (*Medical Summary*) tells how to remove a cinder or particle of dust from the eye, and illustrates as follows: "A few years since, I was riding on the engine of the fast express, from Binghamton to Corning. The engineer, an old schoolmate of mine, threw open the front window and I caught a cinder that gave me the most excruciating pain. I began to rub the eye with both hands. 'Let your eye alone and rub your other eye,' this from the engineer. I thought he was chaffing me, and worked the harder. 'I know you doctors think you know it all, but if you will let that eye alone, the cinder will be out in two minutes,' persisted the engineer. I began to rub the other eye, and soon I felt the cinder down near the inner canthus, and made ready to take it out. 'Let it alone, and keep at the well eye,' shouted the doctor *pro tem*. I did so for a minute longer, and looking in a small glass he gave me, I found the offender on my cheek. Since then I have tried it many times, and have advised many others, and I have never known it to fail in one instance unless it was as sharp as a piece of steel, or something that cut into the ball and required an operation to remove it. Why it is so I do not know. But that it is so I do know, and that one may be saved much suffering if they will let the injured eye alone and rub the well eye. Try it."—*New York Medical Times.*

No summer charity in New York is productive of so much good as the St. John's Floating Hospital, which will make four trips a week to its Seaside Hospital, on the south side of Staten Island, during the entire summer. The hospital boat contains a large bath-room with seven tubs, with every facility in the toilet rooms for cleanliness and comfort. Any respectable physician can obtain tickets for poor children with their attendants, and every trip the boat is filled with those who get in the delightful sail and the abundance of nourishing food given them on the boat and at the sanitarium that life and strength which snatches many of them from the grave. Dr. Green, the most careful and skillful medical officer, gives accounts more marvellous than the tales of fiction of the sick, wasted and apparently dying little children, brought to the boat unconscious in their mothers' arms, under the influence of the ocean air opening the eyes glazing in death, and as the color comes back to lip and cheek eagerly drink the milk held to their mouths. On arriving at the sanitarium those too sick to return to the city are taken into wards, whose windows are open to the sea, and cared for by skilled and trained nurses. The President of St. John's Guild, Mr. Wm. H. Wiley, and the treasurer, Mr. Fauer, deserve the thanks of the entire community for their indefatigable efforts in directing and sustaining the most noble and efficient voluntary charity in New York. The cost of each trip is about three hundred dollars, which amount is not unfrequently contributed as a thank offering by some of our warm-hearted citizens, who feel that in no other way can they so efficiently contribute of their wealth as in this giving life and pleasure to the suffering and destitute.—*New York Medical Times.*

Bell describes a new, painless, and simple method of removing nasal polypi. His patient is instructed to blow strongly through the affected nostril while he closes the other with his fingers. This brings the polypus down so that it can be seen. He then injects into the tumor, with a hypodermic syringe, fifteen or twenty minims of a solution of tannin in water (twenty grains to a fluid drachm). In a few days the tumor shrivels, dries up, and comes away without trouble or pain, the patient usually removing it with his fingers, or by blowing his nose.—*Canada Medical Record.*

PERSONAL AND NEWS ITEMS.

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DR. N. L. DAMON has removed to No. 394 Washington Street, Dorchester, Mass.

DR. WATTERS has removed from City Hall Square to No. 26 South Common Street, Lynn, Mass.

DR. W. W. GLEASON will remove from Provincetown in August next and locate in Canton, N. Y., leaving a fine opening in Provincetown for a good homœopathic physician.

Any one having a copy of Stratton's translation of the "Organon" will confer a favor by notifying Otis Clapp & Son of the fact and stating the price of the same.

The eleventh annual announcement of the College of the New York Ophthalmic Hospital is at hand, and is worthy special attention. The degree of Oculi et Auris Chirurgus is granted by the Hospital, as well as a certificate in Laryngology, to those attending the prescribed course and giving evidence of the requisite qualifications. While the clinics are free to all students, the degree is obtainable only by post-graduates in medicine. Information concerning the school may be obtained by applying to Dr. Charles C. Boyle, No. 167 West Thirty-fourth Street, New York City.

DR. ALONZO BOOTHBY has opened a private hospital at No. 1 Worcester Square, Boston, where gynecological cases and surgical diseases of both sexes, are received.

DR. ARTHUR F. SUMNER, class of '88, has bought Dr. T. E. Parker's practice at Claremont, N. H., and has located at that place.

SEVENTY-FIVE THOUSAND is a big edition of a medical journal, but an extra edition of *The Journal of the American Medical Association* reaching the figures given, was issued May 25th. It contains a noteworthy article on "Our Medical Colleges" by W. G. Eggleston, M.A., M.D., besides an extensive programme of the annual meeting of the American Medical Association. It is an interesting number, and reflects credit upon the enterprise of its editors.

A newspaper recently received from Melbourne, Australia, contains an announcement of a public meeting to be holden for the purpose of advocating the necessity for increased hospital accommodation. Some interesting statistics are presented which give evidence of a spirit of liberality and justice which augurs well for any cause or country. For instance, records from old school and homœopathic institutions are given to the reading public to enable them intelligently to discuss the question before the meeting. We select the statistics relating to typhoid fever, since they form the chief part of the records:—

MELBOURNE HOSPITAL. TYPHOID FEVER.

| | | | |
|---------------|-----------|-----------|----------------|
| Year, 1887. | 343 cases | 48 deaths | [11 per cent.] |
| " 1888. | 408 " | 55 " | [11 "] |
| " 1889. | 431 " | 78 " | [18 "] |
| Total, 1182 " | | 181 " | [15.3 "] |

ALFRED HOSPITAL. TYPHOID FEVER.

| | | | |
|--------------|------------|------------|------------------|
| Year, 1887. | 343 cases. | 43 deaths. | [12.5 per cent.] |
| " 1888. | 331 " | 42 " | [12.6 "] |
| " 1889. | 324 " | 50 " | [15.4 "] |
| Total, 998 " | | 135 " | [13.5 "] |

HOMŒOPATHIC HOSPITAL. TYPHOID FEVER.

| | | | |
|--------------|-----------|-----------|------------------|
| Year, 1887. | 77 cases. | 8 deaths. | [10.4 per cent.] |
| " 1888. | 172 " | 19 " | [11 "] |
| " 1889. | 305 " | 22 " | [7 "] |
| Total, 554 " | | 49 " | [8.8 "] |

Comment is unnecessary.

The following members of the class of '89, B. U. S. of M., have already chosen locations for practice, as given below:—

EDWARD H. DURGIN, M.D., Putnam, Conn.

EDWARD EMERY HALE, M.D., Attleboro, Mass.

JACOB KRAUSS, M.D., Malden, Mass. (will pass the summer in Europe).

AUGUSTUS E. MARDEN, M.D., Danville, Vt.

CHARLES WHEELER MORSE, M.D., Salem, Mass.

FRANK O. TODD, M.D., Danielsonville, Conn.

MAURICE W. TURNER, M.D., Brookline, Mass.

Members of the same class have secured hospital appointments as follows:—

CHARLES S. CUMMINGS, M.D., Massachusetts Homœopathic Hospital.

LOUISE A. GRIFFIN, M.D., Massachusetts Homœopathic Hospital.

CHARLES R. HENDERSON, M.D., Massachusetts Homœopathic Hospital.

HENRICH G. PETERSON, M.D., Westborough Insane Hospital.

ADELBERT M. HUBBELL, M.D., resident surgeon at Dr. Boothby's private hospital, Worcester Square, Boston.

OBITUARY.

—O:—

DR. H. K. BENNETT, who died on Wednesday, June 19, was born in Warren, Vt., July 16, 1838. He began his medical studies when 18 years of age, and graduated from the Pennsylvania University Medical School in April, 1860. He first located at Hartford, N. Y., removing after four years to Whitehall, N. Y., and finally, in 1872, to Fitchburg, Mass., where he resided during the remainder of his life. During the last ten years he had given special attention to diseases of the eye and ear—and through much experience and study, both clinical and under the private instruction of some of the most noted and skilful oculists in New York—he attained to a high degree of success in this specialty during the past four years in which he practised in Boston as an oculist.

For two years or more he had frequent severe attacks of congestive headache, and later pulmonary œdema, deranged action of the heart and kidneys, ending in Bright's disease—all resulting, it is believed, from overtaking of the nervous forces, mental anxiety and strain.

A hard worker and earnest student and devoted friend in his private practice, he was no less active and earnest in his social and professional relations. Few physicians have done so much to promote the interests of the various medical societies in this State as Dr. Bennett. Always active in the State Homœopathic Medical Society, one of the charter members of the Massachusetts Surgical and Gynecological Society and of the Boston Gynecological Club, a regular attendant and active worker in the Worcester County Homœopathic Society, and a member of the American Institute of Homœopathy—he was rarely absent from the meetings of any of these organizations and was ever ready to do his part toward their success and interest. Not only was he devoted to science and his profession, but he was ardent in his friendships and abounding in good will for those associated with him; and in his home this was especially notable, few men being so loving and so loved by wife and sons, who will ever feel that in his devotion to them and his efforts to secure for them advantages and comforts beyond what he had himself enjoyed, he was willing to sacrifice everything, and most of all himself.

L. A. P.

LUCINDA B. BALLOU, M. D., died in this city, Thursday, June 13th, a few hours after undergoing an operation for the removal of a sarcoma of the kidney. Dr. Ballou was a graduate of the B. U. S. of M., class of 1881, and at the time of her death had a large and successful practice in Concord, Mass. She was born in Rowe, Mass., in 1835. Her maiden name was Bullard. In 1854 she was married to Stephen J. Ballou, a publisher and journalist, after whose death, in 1878, her ambition to maintain a comfortable independence for herself and her children decided her to study medicine, upon the practice of which, in the town of Concord, she entered, immediately after her graduation at the date given above. Dr. Ballou was a woman of strong intelligence, and exceptional earnestness and faithfulness of character, which won and maintained for her the respect and confidence of a large circle of patients. Her loss is a most deep and irreparable one to the family, whose never-failing stay and centre she was, and will be sincerely mourned by many and close friends.

THE NEW-ENGLAND MEDICAL GAZETTE.

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EDITORIAL.

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NOTES ON THE MINNETONKA SESSION.

It is an astonishing revelation to an eastern man, who for the first time visits the twin cities of St. Paul and Minneapolis, to see what but a few years ago was, as the phrase goes, "a howling wilderness," changed into cities of almost metropolitan grandeur. Half a million people dwell in these two cities, where less than forty years ago not a habitable house existed. The immense flour mills which turn out daily an average of six thousand barrels of flour, the manufactories of various kinds, the magnificent hotels rivalling any in our oldest cities, the palatial residences and general ease, comfort and even luxury of the people form that dramatic contrast to primitive settlements, which in our eastern cities it has required two centuries and a half to attain. One evidence of the luxury and wealth of what in point of time we might almost call these new settlements, is shown in the numerous watering places at a distance of from ten to thirty miles from the city, to which the well-to-do citizens resort with their families for summer residence. Perhaps the most noted of these is Lake Minnetonka, some twenty miles from Minneapolis and thirty from St. Paul. This lake, some twelve miles in length, is so irregular in its shape, surrounded by long-reaching bays or arms of water, that its shores are said to measure some two hundred and thirty-five miles. Beautiful groves and clearings with charming cottages are to be seen on every side, while numerous hotels become a refuge to strangers and those not fortunate enough to own a cottage. The Lafayette is the largest and finest of these hotels and is capable of accommodating six hundred guests.

Here on Monday, June 24, assembled the American Institute of Homœopathy, and it is but a slight expression of the fact to say that a more cordial greeting was never extended to the members of this time-honored body, than that which welcomed it to Lake Minnetonka.

President Talcott gave the annual address on Monday evening. By a unique stroke of journalistic enterprise, this address was given to the reading public several days before its delivery before the Institute, and discussion of it may seem, therefore, especially belated. The ability of the address is unquestionable. The *motif* of the whole was that of loyalty to a system of medicine which has done so much for humanity, notwithstanding the fierce opposition which it has encountered, and the urging of the duty of all believing in homœopathy, to support it against all opposition, and do all in their power for its advancement. The rallying-cry of loyalty to principle cannot be too often sounded, and will find echo in the mind of all sincere homœopaths ; though there were many, as the event proved, who did not agree with the President that a logical sequence of such loyalty involved support of the "compulsory confession" amendment soon afterward submitted to the Institute.

The reports of the various bureaus were, as a whole, unusually good. The papers were carefully prepared and often scholarly, and replete with original thought. As we noted last year, much of the best professional work is being done by younger men, who have been fitted for such work by recent and careful training, and who enter upon it with gratifying enthusiasm.

There is, perhaps, no subject which stirs so deeply the feelings of the members of the Institute, as that of so-called medical legislation. The intense and general effort which the American Medical Association has put forth, in the past few years, to secure Boards of Medical Examiners in all the various states and territories of the Union, who shall be clothed with full power to decide who may, and who shall not be allowed to practise medicine in the several states ; and the utter unwillingness to have equal representation, or in fact any representation where they can help it, of the homœopathic school upon this

Board ; and the experience in Canada where little by little they have been restricting and crushing out the practice of homœopathy ; all this leads homœopathic physicians to look with the greatest distrust and suspicion upon any effort to establish boards of examiners with power to rule out even physicians with legal medical diplomas. The Institute, after discussing the matter widely, at length, and in a most spirited manner, emphatically expressed its opinion as in opposition to such medical boards. But if such boards are to be established in any State they as emphatically decided that a separate board should be appointed for the examining and licensing of homœopathic practitioners. This is just what the allopathic school does not want ; though it would be difficult to see why, to any fair minded man, it would not be perfectly proper and just to allow each school to judge of the merits of its practitioners. It is possible that the struggle in this line is but just beginning and may require our best diplomacy to foresee its developments, and the full strength of our forces to meet it.

Another point of intense interest at the meeting was the proposed change of the Constitution, by which members should be required to assent to a medical creed and make their practice conform thereto. The ground assumed by the friends of this amendment was that every member of an Institute of Homœopathy ought certainly to be willing to subscribe to a belief in the principles of homœopathy, and to practise according to its tenets. On the other hand, some of the strongest men in the profession who have been the most devoted advocates and supporters of homœopathy, declare that the very name American Institute of Homœopathy sufficiently indicated the character of the society, and no dogmatic additions were necessary. This, indeed, is most clearly set forth in the first article of its constitution, which says, that the object of the society shall be the improvement of homœopathic therapeutics and all other departments of medical science ; and any one who could conscientiously subscribe to that article could hardly be inimical to homœopathy ; the formulating of a creed carries inevitably with it a sort of duty to watch all members and see to it that they believe and practise that creed in accordance with the opinions

of the watcher. Such a change in the By-Laws requires a two-thirds vote; but, so far from winning it, the proposition was voted down by seventy-six to thirty-four. It probably will not soon be revived. The GAZETTE's position on the question has been outspoken from the first; and its satisfaction in the result is sincere and abiding.

The memorial service for the deceased members of the past year was especially touching, not only from the tender and affectionate tribute of the members to their departed associates, but also for the beautiful music with which it was closed.

There has seldom been a more enjoyable banquet. The menu was excellent, and the speeches by the mayor of Minneapolis and several important officials were exceedingly courteous, appropriate and in good taste; while the scientific explanation of medical topics, and especially of evolution by the inimitable Sol Smith Russell, when called upon to speak for Medical Literature, convulsed an audience which is sometimes inclined to be over serious, and whose deliberations, in council assembled, are far from recreative in character.

The meeting was unexpectedly large. Of members and visitors there was something like three hundred and fifty in attendance, and one hundred and twenty-four new members were admitted. This is the largest number in any year for a long time; and indicates an interest in the western section, which augurs well for the future. The earnest request, that another meeting might be held in that section next year, was heartily acceded to by all eastern members, as it was conceded that the International Congress in 1891 had better be held at some place not far from the sea coast. Waukesha, or its immediate vicinity, was the point selected for next year, and we are greatly mistaken if the east and west do not unite to make the session of 1890 one of the most memorable in the history of the Institute.

The election of Dr. Sawyer to the presidency of the Institute was a most well-advised choice. Such a recognition of the man to whom western homoœopathy owes an incalculable debt, is a graceful and a just acknowledgment of his ability and service.

EDITORIAL NOTES AND COMMENTS.

—:o:—

NEW COMMENTS ON THE "CHART SYSTEM" of revising the materia medica, have been of late, plentiful and interesting. Two of the most noteworthy have appeared respectively in the *Medical Times* for July, and the *Homœopathic World* for June. The former is, on the whole, sensible and fair-minded, though at points, cautious to absurdity; as where it remarks "*we judge*" the charts given in the GAZETTE to be in the interests of a revised materia medica. We entirely agree with the *Times* that the new materia medica, whose need is recognized by honest truth-seekers of every shade of medical opinion, should and can be neither "homœopathic" nor "allopathic," but simply a record of pathogenetic facts reached by exact, patient and controlled experiment. Such experiment is open to all, and the "chart system" is merely a tentative guess as to the direction such experiment can safely take. The pointing out, by the *Times*, of technical errors in the sample charts offered, is in the line of fair criticism; and it is most satisfactory to see that the criticism touches only the imperfections of sample work under the plan suggested, and not at all the plan itself.

The comment of the *World* is in a wholly different temper, and with it there is no arguing. It consists chiefly of dogmatic statement:—such as that "it is not proved" that our present provings are unreliable. Of course the question whether many of our present provings are unreliable, would seem to be settled, to any mind working on every day scientific premises;—I. By inquiry into their sources, and II. By revelation of their incongruence. But, if ordinary scientific premises are loftily waved aside as inapplicable, there remains only personal opinion, and the juvenile "it is" and "it isn't,"—*crescendo* and *ad lib.*—style of argument, for which we confess we have little mind. "All symptoms that have been actually produced by a drug have an actual value," says the *World*, with the air of one who utters a finality. Granted, at once and cheerfully, good *World*; but now will you tell by what sign we are to *know* the symptom "actually produced by the drug?" By the sign that the prover gives his word that he took the drug and the symptom

appeared? Very well, then shall we worship the Bambino of *Ara Cæli*, because thousands of devotees give us their word that they worshipped it and their pains disappeared? And if not, why not? The attempt to be solidly sure what symptoms ARE ACTUALLY produced by a drug, is the motive power of the new system of chart analysis. "What is the good of a multiplicity of provers, if each one cannot bring out some feature of the drug not given by the rest?" asks the *World*. Amazing, not to say paralyzing question! We had always supposed that the "good" of repeated tests, of any sort, was to establish congruent, not contradictory facts. Such seems to be the end sought and gained, if we may trust the records of any branch of scientific inquiry. To repeat experiment in order to find, chronicle and found conclusions upon isolated, incongruent and contradictory observations, would seem a task for a scientist in a Gilbert and Sullivan opera, and not outside of one.

The *World* thinks the chart system Wellerian. We are tempted to find its comment, Podsnappian. The large sweep of the arm with which Mr. Podsnap was satisfied to annihilate everything in Europe, Asia, Africa, and America, which was not to his mind, was not more decisive, unanswerable, and unique in the way of argument than are the remarks of the *World* on the "chart system."

COMMUNICATIONS.

INTOXICATING LIQUORS.

BY CONRAD WESSELHOEFT, M.D., BOSTON, MASS.

The recent vote in Massachusetts, Rhode Island, and Pennsylvania, on the proposed constitutional amendment for the prohibition of the manufacture and sale of intoxicating liquors, is a fruitful topic for reflection, and one concerning which everybody should form a decided opinion; although there is no lack of opinions either for or against the amendment, the reasons underlying them are not so clear.

The notions of people as a whole, and even of those who should know, are not settled as to what constitutes intoxicating liquors. Some plead for cider as a harmless refreshing beverage, while every doctor, whether of the rural districts or otherwise, knows that cider after having completed vinous fermentation,

is not only refreshing but quite as capable of producing alcoholic intoxication as sherry wine.

Coffee, the exhilarating and universal breakfast beverage, is capable of producing profound intoxication. Some years ago a patient was brought to my office in a very critical condition, nearly unconscious, with contracted pupils, cold sweat on his forehead and very feeble pulse. He recovered after several hours, when the cause of his condition was found to have been four cups of strong coffee taken in place of food.

Chloroform is an intoxicating beverage ; so is ether ; and yet under the proposed amendment the sale and manufacture of both could be prohibited, unless this effect of the law were cancelled by exceptions in favor of these liquors.

If, as usual, the sale and manufacture of certain liquors be permitted for medicinal purposes, what a crop of purely charitable institutions for the benefit of suffering humanity, there would arise in the place now occupied by the "saloons."

In order to decide so important a question, the initiatory step in the necessary process would be to decide what constitutes "intoxicating liquors," and what is aimed at in their abolition. To define the last clause first, it is clearly the object of a constitutional amendment to prevent drunkenness and crime ; that is, the physical and consequent mental deterioration, and the tendency to social and political immorality which is so often traceable to the abuse of alcohol.

This leaves us free to find a correct definition of intoxicating liquors, of which it may be desirable to prohibit the manufacture and sale. It cannot be intended that intoxicating liquors in general shall no longer be manufactured and sold ; for without the least specious casuistry every one must at once perceive that such an amendment finally embodied in statute law would lead to the prohibition of many "liquors" which, though plainly "intoxicating," like coffee, tea, chloroform, ether and chloral hydrate (in solution), are probably not included in the intention of the originators of the constitutional amendment, so lately rejected by three of the most influential states of the Union. The exceptions should have been clearly made and published ; or else such a law, like others which do not cover the ground they probably intend to cover, laws which apply to cases which do not occur, laws that exceed the limits of their real purpose, or which either prohibit or enforce measures quite different from those which could or ought to be prohibited or enforced, are no laws, and will very soon be "a dead letter."

It cannot be said that the thousands, who at the polls recorded their protests against the prohibitory amendment, were all debauchees or abusers of intoxicating liquors ; such a sup-

position cannot for a moment be entertained without doing violence to truth. The conviction underlying the votes of the three states, either consciously or unconsciously uttered, was that a principle would have been violated and a practical blunder committed by the adoption of such a law.

When we separate the philanthropic intention from the practical error of the proposed amendment, we shall become aware that not all intoxicating *liquors* are alcoholic; that not all intoxicating *beverages* are alcoholic; and thirdly, that not all intoxicating liquors are used as beverages, thus being excluded from the meaning of the proposed law; fourthly, a distinction is to be made between purely alcoholic (distilled) liquors and those in which alcohol is present in comparatively small amounts and in combination with other substances.

The simplest procedure is to distinguish alcoholic beverages from all other beverages, excluding or excepting from consideration all non-alcoholic intoxicating liquors. This simplifies the problem perceptibly.

It is owing to the entire disregard of these distinctions that zealous reformers miss their objective point. It is customary to speak indiscriminately of alcoholic beverages which should be distinguished one from another. It is well known that all nations of the world have a variety of alcoholic beverages; the corn-beer, banana and palm wine of the Africans; the koumiss of fermented mare's milk of the Tartars; the juice of masticated acorns of certain tribes of Indians of this country, are all notable examples of alcoholic beverages. The malt beer of more civilized nations is the beverage most widely known; the wine of fermented grape juice would probably be the most popular except for its comparative scarcity and high cost; all these contain little alcohol.

Next to them, in the order of alcoholic percentage, come the distilled liquors, such as whiskey, (the product of fermenting rye, potatoes, etc.); rum (distilled from fermenting molasses); brandy (distilled from fermenting grape skins and stalks); arac (distilled from rice, etc.). Now those most ardent in their praiseworthy endeavors to limit or abolish the use of such liquors, have seldom, if ever, distinguished the undistilled beverages and liquors containing some alcohol, from those which are the product of distillation, and which contain only alcohol and more or less water, some fusel and some essential oils and coloring matter. This want of distinction is largely responsible for the ill success in all attempts to pass laws against drunkenness.

It is quite demonstrable that the evils attributed to alcoholic liquors in general, are due in very small proportion only to those which, by virtue of fermentation, contain a small quantity of

alcohol, while, on the other hand, all the physical and moral degradation, the prevention of which is the aim of charitable people, is due without exception to distilled liquors. Any one interested enough to scan the list of persons arrested daily for drunkenness, will fail to find any other cause but some form of distilled liquor. The yearly increasing number of those for whom asylums are sought in vain, is caused by distilled liquors without exception. Political immorality is enhanced without exception by distilled liquors. Wherever there is a brawl, where knives and the omnipresent revolver lead to bloodshed and death, it is some form of distilled liquor which has inflamed the passions culminating in brutal horrors. In some places it is rum, in others gin, in others again, notably in the United States, whiskey is the name of the distilled intoxicating liquor whose demoralizing effect is so widely felt, and then attributed to all alcoholic liquors without the least discrimination.

Discrimination and careful judgment as to what is always and positively harmful, and that which, under the most reckless and foolish abuse is only conditionally so, should be exercised in all attempts to formulate organic laws for the state. Every observant physician, though he may possess only a vague and traditional notion of the value of "stimulants," will admit that stimulants in the form of distilled liquors are, in the majority of instances, harmful and dangerous. The danger of their abuse is greater than of less potent liquors, because their effect is immeasurably more swift, and drunkenness quickly produced by quantities small in bulk and acting much more incisively, than many other liquors containing only a small and comparatively harmless quantity of alcohol.

Every physician will concede that in regard to all liquors used as beverages, there is a limit at which their comparative harmlessness or proper use ceases and at which their deleterious effects begin. It will also be conceded that if this limit is strictly observed, even pure alcohol diluted with water may be consumed at least without harm, as has been and can be again demonstrated. Yet all will acknowledge, too, that the difficulty and frequent impossibility of restricting the use of such liquors to their proper uses within safe limits is very great, and that the difficulty of restriction and the danger of abuse increases in proportion to the quantity of alcohol they contain. Hence all nations using such beverages by common consent introduce and use chiefly those of which, in order to produce profound drunkenness, the quantity to be consumed would far exceed human capacity.

At this point we encounter the importance of distinguishing between use and abuse, and of enquiring what it is that philan-

throphists would like to see reformed. The result of such enquiry would invariably be that the abuse of distilled liquors is the object of all attempts at temperance legislation. If it is not the abuse of distilled liquors alone against which reformatory efforts are directed, then all such schemes, by including too much, will fail ignominiously. The late example set by three states proves enough; if any further argument were excusable, it might be said that if abuse of all human rights and privileges in general were, as is too often the case, made the object of reform, we would at once encounter just opposition. There are many practices which are wrong and yet no sins; a person may avoid food and drink to the point of starvation, or he may endeavor to eat food or drink water to the verge of danger; all these would be abuses the prevention of which would involve encroachments of personal liberty, and just herein lies the practical impossibility of preventing a special abuse by making legislation against too many abuses, including various harmless ones.

Let all reformatory measures from mere persuasive efforts, or precepts to severe restrictive legislation, be directed against the real evil, the abuse of distilled liquors as beverages; let reformers cease to inveigh indiscriminately against the wine cup and the whiskey bottle; let them learn to distinguish between intoxicating liquors in general, and distilled liquors used as *beverages* in a special sense; let them replace a blind fanaticism culminating in sweeping condemnatory votes of the masses, by well-directed efforts to discourage the use of distilled liquors as beverages; and some good may come of it.

If the votes of Massachusetts, Rhode Island and Pennsylvania had been demanded exclusively on distilled liquors, it might not then have resulted in a negative decision, but a much smaller number of negative votes would have been cast, and thus a sentiment in favor of restriction by local option, or favor of high license and other indirectly prohibitive measures would have been created, which now, for a long time to come, will be kept in abeyance.

CURE OR COINCIDENCE?

BY A. H. TOMPKINS, M.D., JAMAICA PLAIN, MASS.

I shall be perfectly content to have my title question answered according to the predelictions of the reader, and I even conceive that the "coincidence" solution might be adopted without particular detriment to a respondent's reputation for mental soundness.

I am aware how small a matter a wart is, and how illogical, tricky, not to say conscienceless, the genus has ever proven.

How easily charmed away at times by the simplest necromancy, how obstinate at others to every measure short of the knife. How, without known cause or notice of coming, they come, and how, in a night, they often disappear.

However the wart which I celebrate being situated upon that part of the ball of the foot lying back of the middle toes, was an uncommon wart, at least in the amount of pain it inflicted.

Mrs. S—— was the victim to this wart, and on the twenty-ninth of last March, when she consulted me for it, she had been its unwilling hostess for eighteen months. She had invoked for its removal every power resident in the universe, except the knife, to the best of her knowledge, and even the latter as used by the chiropodist. She had made weekly visits to a gentleman of this profession, for the space of three months, at each visit having "white caustic" applied after due paring. She had a season of applying a foreign dark liquid preparation which oozes a drop at a time from a specially prepared bottle, and she came near flaying herself therewith. At the suggestion of her homeopathic book she applied thuja tincture once or twice daily for weeks together; and this at one time promised well, the wart sloughing considerably under it, but the root maintained its vitality and soon filled up the hole left by the slough. Then she returned to some of the former applications and the palliation of the chiropodist, while the wart, which by this time had surrounded itself with a galaxy of sons and daughters, or rather had become the rearmost in a procession of smaller warts towards the roots of the toes, smiled at her, so to speak, and at those who were warring in her behalf, and she hobbled, sometimes in nothing short of agony.

It was at this stage that she began to tell me what she was suffering, in the course of occasional consultations in behalf of her children. She believed she had used faithfully the one homeopathic remedy (Thuj.) in its strongest form, and could therefore expect little from medication of mine. Finally a wart appeared on her little finger, and she decided to make trial of internal medication.

Upon examination of the sole I found a flat calloused place very much like a corn, the centre alone showing the warty look upon close examination. But upon paring, the patient says the characteristic seedlike appearance of a wart was very plainly shown. It does not bleed easily but has bled several times when being cut. After much walking she has a sense of "hot needles" running over the region. Sometimes thinks she suffers more pain from it before a storm.

In C. Lippe's Repertory I found among a few other remedies for "stinging warts," *sepia*. The same remedy also for "large"

and "inflamed" warts. As the pathogenesis of sepia yields little or nothing of warts, we must conclude that the Repertory hints are based upon clinical results so far as sepia is concerned.

I had found sepia very useful for the chronic catarrh of her son, recently. I recalled certain abdominal symptoms to which the patient was subject, and which I had treated some months before with only fair success with carbo. veg., and later, lachesis. Namely: Oct. 13, from my notes—"A great deal of wind in stomach and bowels and much faintness in stomach, tending to run into nausea. *Worse after eating*, especially the distension. Great weakness, lassitude, and sleepiness. Difficult to rouse herself in the morning. Then hoarse cough came on two or three days ago, with some rather easy expectoration, and caused amelioration of abdominal symptoms."

Oct. 30—"Better from last remedy (carbo veg.), but still subject to awful aching in stomach, with much wind if she gets worn out. Still inclined to lassitude. Some relief from loosening clothes when suffering from pain in stomach."

Rather slender basis for a prescription, say you? Possibly! I think it is in such cases that I am fully as likely as anywhere to use the upper potencies. Cases where a fatal result seems not to impend, and a close diagnosis of the remedy is impracticable.

A vial purporting to contain sepia c. m. (Swan) was drawn upon for a very few doses, to last for less than a week. I heard no more from the patient for seven weeks. She then reported that the wart was gone, or all but a few crumbs which gave her no trouble whatever. Today, June 21st, twelve weeks since the prescription, she reports that the sole of her foot is as smooth and sound as the palm of her hand. Within three days after beginning on sepia, the newly arrived wart on the little finger looked discouraged, and disappeared very soon after. The wart on the sole became more painful than usual for ten days or two weeks. Then upon having it pared as before, it became easy, and soon after began to grow dark and rattle out in pieces. Quite a deep hole was finally left and nothing of the wart. The sole is now smooth again and sound.

I shall claim only that this was either a cure or a "right smart" coincidence. Readers may take their choice. The chiropodist says "the doctor's medicine did it working through the blood."

INDIGNANT PHYSICIAN: "Man, what have you done? You sent my patient the wrong prescription, and it killed him."

Druggist (a calm man, accustomed to abuse): "Vell, vhat vas der madder mit you? Last veek I send your odder patient der righd berscription, and dot killed him. How can somebody blease sooch a man?"—*Courier-Record of Medicine* (Texas.)

MAJORITY REPORT OF THE COMMITTEE ON MEDICAL LEGISLATION OF THE AMERICAN I. OF H.

THERE is no subject at the present time which so commands the general attention of the medical profession throughout this country as that of medical legislation. There has always been on the part of certain members of the profession a disposition to prevent by legislation the irregularities of medical practice, some of which are without doubt of serious injury to the community, some to the so-called regular profession, while others are of real benefit to the community and aid medical progress.

Were it not for this irregularity, the result oftentimes of inventive genius and enterprise, the ruts of conservative medicine would soon become too deep for progress. Were such a thing as State medicine to be established, restricting the profession to the methods believed to be best by some of the present leaders in the profession, stagnation would be the result. There is an element in the human mind which is affected in a remarkable degree by the mystical and mysterious. That this is carried to a great, often injurious and even destructive extent, by ignorant, designing and avaricious men, whom cupidity will drive into crime, every physician and a large part of the community know. To excite the fears in order to steal the pocket-book is too often the method of unprincipled charlatans.

To control this has often been the effort of so-called medical legislation. But with the community, and with the best part of the profession, it has always been a serious question how far restrictive legislation should be applied to limiting the practice of medicine. No law of this kind that has ever been passed in this country, has remained in force any considerable length of time, and some of the most restrictive and dogmatic have been repealed at the very earliest opportunity after their passage. Yet within the last ten years there has been a widely diffused and increasing sentiment, that restrictive medical legislation is necessary, and that the right to administer medicine should be controlled by some specially appointed power. This idea has been carefully fostered by the American Medical Association, and within the last few years, notably at its last session, great effort has been made to arouse the profession to a combined effort for the passage of stringent restrictive laws, in every one of the states and territories of the Union. In some of these states this effort has been successful, and laws have been passed without opposition, as rigorous as the framers chose to make. In others the smallest opposition has produced great modification, while in some, notably New York and Pennsylvania, the conflict of opposing parties in this matter has been of the most

bitter character, and in these states, as in others where opposition has been aroused, legislation has been refused.

The proposition in all these laws is that a few persons known as a Medical Board, Board of Examiners, Board of Health, or some similar title, shall be appointed and shall have power to decide what physician shall be allowed to practise medicine, while all the rest shall be forbidden to do so, under pains and penalties. Thus, by a single enactment a few persons are made the judges and arbiters of the people of a whole state. Its physicians must conform to the requirements of these few, and its people, in cases of sickness or physical suffering, must resort only to such persons or such measures as this Board may approve.

Is it right, when health and even life itself is concerned, that such arbitrary power should be placed in the hands of any man or body of men? Does past experience warrant any such course? Has not medical thought and medical progress often been cramped and smothered by legal power enforced by bigotry? Can we of this association, reviewing the struggles and opposition which homœopathy has encountered in the last century, favor any legislation which could possibly prevent the spread of what we believe to be the greatest advance medical science has ever made; or which would crush out any new, and, for the time being, unpopular ideas, which may in time revolutionize and improve the whole science and art of medicine? All science, and especially that which deals with human health and life, should be left as free as possible from any legislation which shall place it under the control of conservatism, prejudice, or bigotry.

As homœopaths then, as that branch of the profession which has in this century made the greatest advance in therapeutics, through independent medical thought; as broad and liberal minded members of the profession, it is our duty to oppose anything which can prove restrictive to freedom of medical thought and progress. Our aim then should be not to seek through Medical Boards to obtain autocrats and supervisors of the medical profession, but to oppose in the most unyielding manner all such mischievous and obnoxious legislation.

Certain criminal practices, whether within the pale of the educated profession, or outside of it, are already provided for by the penal code in the various states. But there is a large class of persons who advertise themselves falsely as educated physicians, and by boughten or forged diplomas and certificates, and by misrepresentation, deceive the public, and when exposed have simply to find some other locality in which to practise deception.

It is, more than anything else, the power of using as capital the name and reputation of an honored profession, which through the past has reflected credit upon humanity by its self-sacrificing efforts for the care of the sick and suffering, that enables ignorance and depravity oftentimes easily to gain the confidence of even intelligent members of a community. It is the power to appropriate falsely the title of Doctor, which should mean wise and true, that enables the charlatan to successfully practice his deception. The removal of this power would in a large measure take from him his opportunity for mischief. The great "Doctor" So-and-So, with his falsely proclaimed medical titles and world-wide reputation, would be very harmless as plain "Mr." So-and-So, without any medical education or title. Against such deceptions and falsehoods the profession and the community have a perfect right to guard themselves. It takes away no person's rights to say that a person shall not falsely represent himself as an educated physician, or use a title which does not belong to him, and no greater blow could be given to quackery and to charlatanism than a law to prevent this use of false titles. To accomplish this a law might be passed that:

Whoever, not having received the degree of Doctor of Medicine, from some authority empowered to confer the same by the laws of a Commonwealth, or of the United States, or by one of them, or of some foreign country, shall place or advertise, or cause to be placed or advertised upon any sign, card, or door-plate, or in any advertisement in any newspaper, or otherwise, in connection with his name, the letters M.D., or the title Doctor, or Physician or Surgeon, or any abbreviation of such titles, or any equivalent title, or any abbreviation of such title, or any other designation tending to advertise falsely that such person had received the degree of Doctor of Medicine, shall be punished by a fine of not less than one hundred nor more than five hundred dollars, or by imprisonment not exceeding six months, or by both such fine and imprisonment.

In order to make such a law effective, it might be necessary to establish in each state a commission, with power to determine who in that state could properly be allowed to use such medical titles. It would require care that such state commission should be carefully constituted, and the various schools equally represented therein, so that personal prejudice might not work injustice to individuals or classes with different opinions. Such a law, more than anything else, would increase the honor and dignity of the medical profession, in allowing its titles only to those who had secured them. It would not do harm to the charlatan or pretender, since it would take nothing away which belonged to him, and it would be of the greatest value to the

community in securing them against gross and sometimes fatal deception. It is possible that already public sentiment has been so far biassed, that in many states laws will be enacted constituting Medical Boards, to determine who shall and who shall not practice medicine. While it is doubtful if such laws could ever be long sustained, and certainly they could not in our country if they were administered unjustly, or in a prejudiced manner, still it is our duty as physicians and as citizens to do all in our power to prevent the enactment of such *ex parte* laws, and in the present condition of the medical profession, divided mainly into three parties, known as Allopathic, Homœopathic, and Eclectic, it is but right that if Medical Boards are to be established in any state, each of these schools should have its own separate board, or in a single board each should be regularly represented. Whatever legislation is attempted should be not merely a temporary expedient, but such as shall benefit the medical profession and the whole community.

The proposed law which should limit the proper use of medical titles, would tend also to make that title more and more valuable. This can best be done by pursuing the course which for the last five years has been adopted by this Institute through the Intercollegiate Committee, and Committee on Medical Education.

By demanding a thorough preparatory training, by enlarging the medical curriculum, by requiring longer time of study and more thorough instruction, there can be no doubt that the graduates of our colleges will be better fitted for the practice of the profession, and will better command the respect and confidence of the community. The close inspection and control of these medical schools, their enlargement, improvement, and better support, are the duties devolving upon the whole medical profession. Their connection with and use of hospitals and dispensaries for clinical instruction, must in all cases be absolutely insisted upon. The thorough instruction of the medical profession is the strongest weapon we can use to displace ignorance, charlatanism and deception, and the medical profession has nothing to fear from the lack of restrictive laws upon the community, so long as it is true to itself and does all that is possible for the relief of sickness and suffering, and for the benefit of humanity.

Respectfully submitted,

A. I. SAWYER, M.D., of Michigan.

I. T. TALBOT, M.D., of Massachusetts.

J. P. DAKE, M.D., of Tennessee.

F. H. ORME, M.D., of Georgia.

The Committee recommended the passage of the following declaration and resolutions, which were unanimously adopted :

The American Institute of Homœopathy declares itself opposed to restrictive legislation which tends to curtail civil rights, encroach upon personal liberty, and check the progress of medical science ; but

Whereas, The American Medical Association through the different state medical societies, is endeavoring to procure state boards of medical examiners, with or without homœopathic minority representation ; and

Whereas, Such action if carried to completion, will inure to the disadvantage, if not to the destruction of our school, as a distinct organization, and act as a direct hindrance to medical progress ; therefore,

Resolved, That the Committee on Medical Legislation of this Institute be instructed to correspond and co-operate with the legislative committees of the several State Homœopathic Societies, in the procurement of separate State Boards of Medical Examiners throughout the United States, where such boards are to be established, and when it is impossible to secure such separate boards, to insist upon equal representation upon single boards.

Resolved, That the Committee on Medical Legislation be authorized, if necessary, to expend \$100 in carrying out the foregoing instructions.

MINORITY REPORT OF THE COMMITTEE ON MEDICAL LEGISLATION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

[Presented by Dr. H. M. Paine, of Albany, N. Y., at its Annual Meeting, held June 24-28, 1889.]

The subject of legislation in behalf of medical affairs has assumed larger proportions and awakened more general interest, than at any period in the past history of medicine in this country.

The recent attempts on the part of the allopathic school to establish state supervision and regulation of the *license* to practice medicine ; the evidence showing coincident action by the old school in every state and territory instituted for the purpose of controlling medical licensure in this country ; and the almost entire unanimity with which these efforts are approved by the allopathic school, are awakening intense interest on the part of the homœopathic medical profession throughout the entire country.

That the allopathic school has entered systematically and in earnest upon the work — that of causing the enactment of uniform medical laws, as nearly alike as may be in their provisions,

state by state, is attested by the fact that laws, placing the entire control of the regulation and entrance upon practice in their own school, have already been enacted in ten States, viz. :

Alabama, Georgia, South Carolina, Kentucky, Virginia, Tennessee, Mississippi, Iowa, Minnesota and Montana ; and further, that during the past winter similar bills have been introduced into the legislatures of the following States, viz. : Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Florida, Wisconsin, Michigan, Nebraska, California, and probably several other states.

The *separate* board system has been maintained several years in New York and California, and new State Homœopathic Examining Boards have been secured during the past winter in Delaware and Florida.

The *separate* board system, adopted in the State of New York in 1872, and still in force in that state, is a voluntary one ; hence, while illustrative of correct principles on which such boards should be founded, can become effective only when made compulsory. Amendments for making its provisions binding upon all schools alike, have been proposed, and will be secured, it is hoped, in the near future.

In every one of the *single* board bills prepared by the old school during the past winter, in the states enumerated in the preceeding list, provision is made for entire allopathic membership in all the states where this is possible, and for limited, *minority* membership of the representatives of other schools in states where demanded by public sentiment ; in either case the old school, by virtue of its superiority in point of numbers, arrogates to itself the *right to assume a controlling power* over all matters pertaining to medical education and practice.

That this reform movement is indorsed by a very large proportion of the allopathic school, is plainly evident. It has been four times approved and earnestly recommended by the American Medical Association. It is not opposed by a single old school medical college of recognized standing. It is indorsed and zealously recommended by nearly all the largest and most influential old school medical journals, and by all, or nearly all, old school medical societies, state and local, throughout the whole country, and actively opposed by none.

Indeed, the whole history of this movement shows that the unity of action, the harmony regarding essentials, the persistent efforts, renewed without marked change year after year, can only come from a perfected and widely extended organization.

In fact, so strong a hold has this *single* board system upon the dominant school, and so powerfully influential are many of its supporters, that the formation in the near future of these

single State Examining Boards, under allopathic control, in a majority of the states in this country, unless prevented by homœopathic antagonism, is well nigh inevitable.

It is as plain as meridian brightness, therefore, that the mobilization of old school forces in behalf of its own interests, and thereby the formation of the gigantic allopathic monopoly, can be thwarted *only* by the most energetic and persistently applied opposition of the homœopathic school.

Notice in this connection that the old school proposes to accomplish its present purposes — the establishment of state control of medical education and practice, by means of *single* examining and licensing boards in each state.

The reason for the adoption of the *single* board system is at once obvious. If the old school can secure *single* examining boards in a majority of the states in this country, it will thereby acquire the power whereby it will be able to completely regulate, in accordance with its own wishes and interests, all matters pertaining to medical education and practice; if, however, each school shall have *separate* examining and licensing boards, it cannot possibly acquire or maintain its supremacy over medical affairs.

The old school, having selected the *single* board system as the best one by which to secure the full accomplishment of its sectarian purposes, opposition to this scheme, to become effective, must embrace such forms of legislation as shall either modify the construction of the *single* board so as to provide *equal* representation, or at least prevent majority membership of either school, or preferably, provide *separate* examining boards for each school.

Dr. J. G. Street, President of the New Jersey State Homœopathic Medical Society, in his annual address, tersely set forth the animus and bearings of this movement in the following extracts. He said:

"The bills now before the legislative bodies of the several states, for creating State Examining and Licensing Boards, are the result of concerted action agreed upon by the American Medical Association, by which the allopathic school hopes to be able to obtain full and permanent control of all legislation regulating the practice of medicine in this country. The allopathic school by securing a majority membership in these State Examining Boards, is endeavoring to establish an extensive and powerful monopoly of the right of licensure. To this monopoly the homœopathic school is implacably opposed.

"It is desirable that the issues between ourselves should be clearly defined. With their ostensible objects, viz.: the protection of the public by elevating the standard of medical acquire-

ments, thereby diminishing the number of unqualified practitioners, we take no issue. It is the proposed *method* by which these laudable objects are sought to be attained, to which we, as a school, are antagonistic.

"The welfare of the public must not be made a pretext for aiding a majority sect in medicine to coerce a minority. We recognize in the peculiarly faulty construction of these bills for creating *single* State Examining Boards, dangerous possibilities of exceeding magnitude.

"Old school partisanship has frequently been driven to great straits in its efforts at inventing pretexts for opposing the progress of homœopathy; this movement, however, involves more harm to our school than any hitherto attempted, being made more formidable than former open warfare by its pretended liberality, in providing homœopathic minority representation on the unwarranted assumption that such provision is fair and reasonable, when it is intended to compass our dissolution.

"The tendency of all these *single* state examining bills is to place the licensing of homœopathists in the charge of boards composed largely of old school members, and wholly under their control; but, how can we expect fair and impartial treatment from licensing boards, the majority of whose members are bound by the code of ethics of the American Medical Association?"

These suggestions are pertinent, and the argument advanced unanswerable.

In an analysis of the history and progress of this reformatory work, it is apparent that the incentive to its inauguration and rapid development, lies in a desire to *unify* the standards of medical acquirements.

That this transfer will be made, and that the control of the educational qualifications of physicians, as far as regards the right to enter upon practice, will be, at no remote period, conducted under the auspices of the state, there is little room for doubt.

After canvassing many plans, and after years of unsuccessful effort, it has been found that the accomplishment of the process of unification cannot be brought about by measures applicable to the medical colleges alone. These institutions are, for the greater part, private corporations, and are supported and controlled by private and individual resources and interests.

Hence, in order to bring about a condition approaching greater uniformity of the standards of medical learning, and to place the responsibility of gauging, controlling, and giving permanence to these standards, the old school proposes to transfer the privileges and rights of licensure, from the medical colleges to boards of medical examiners, to be appointed and maintained by the state, where such power and authority properly belongs.

That is to say, it is proposed that the standard test of medical acquirements shall be transferred from the diploma to the *license*, and that hereafter the latter shall be placed under state supervision.

The proper action, therefore, these conditions being granted, is that of providing a complete method of entrance into the profession for our students, through our own legal organizations; that is to say, simply procure, in every state, examining and licensing boards of our own.

This truly conservative and safe policy and system once established, as well in states where homœopathy is feeble as in those where it is strong and influential, our school can go forward with more rapid strides than any in its past history, and will be in a position to prevent any union of members until there is a union of sentiment among medical men.

The following resolutions were unanimously adopted :

Whereas, The American Institute of Homœopathy declares itself opposed to restrictive legislation which tends to curtail civil rights, encroach upon personal liberty and check the progress of medical science;

Whereas, The American Medical Association, through the several state medical societies, is endeavoring to procure state boards, with or without homœopathic minority representation; and,

Whereas, Such action, if carried to completion, will inure to the disadvantage, if not to the destruction, of our school as a distinct organization, and act as a direct hindrance to medical progress; therefore,

Resolved, That the Committee on Legislation of this Institute, be instructed to correspond and co-operate with the legislative committees of the State Homœopathic Medical Societies, in the procurement of separate boards of medical examiners throughout the United States, when such boards are to be established, and when it is impossible to secure such separate boards, to insist upon equal representation upon single boards.

Resolved, That the Committee on Medical Legislation be authorized, if necessary, to expend \$100 in carrying out the foregoing instructions.

DYSTOCIA DUE TO FAULTY CONDITIONS OF THE MATERNAL SOFT PARTS.

BY GEORGE H. EARL, M.D.

[Read before the Massachusetts Homœopathic Medical Society.]

The subject of the following paper will be two of the common, every-day forms of dystocia, viz. : rigid os, and rigid perineum.

It would be impossible, in the time allotted, to more than enumerate all the forms of dystocia due to faulty conditions of the maternal soft parts; but possibly some practical points, in connection with the two forms named, may be brought out.

It is intended to state only personal impressions and experiences, and no attempt will be made to rehash text-book material, or to improve upon the usual arrangements and classifications. First, then, as to the rigid os: In my short experience,

I have never happened to meet a case which refused to yield promptly to the hot douche, the stream being kept up ten or fifteen minutes. I am aware that other means are recommended as being fully as effective, but until the hot douche fails me, I see no reason to make a change. It would seem as though the various dilators, Barnes' bags, and the like, were not only very awkward to manage, but also wrong in principle.

A member of this society, in a recent paper, set forth the advantage to be gained, in case of fracture of the patella, for instance, by coaxing rather than forcing the fragments together, claiming that the use of force only tended to excite opposition on the part of the muscles involved. He also claimed that by the use of such simple measures as bandaging and keeping the limb at rest, the fragments were more easily retained in apposition, than by the use of force. So, in the condition of rigid os, any attempt at forcible dilatation, would at first, certainly, only excite stronger contraction, and not until the muscular fibres of the cervix had become exhausted, would dilatation be accomplished. On the other hand, the hot douche excites no resistance, but produces the natural relaxed condition of the os, so essential to its own integrity, as well as to the speedy termination of the labor.

Of course the use of hot water alone is not sufficient to cause dilatation to take place. The regular rhythmical contractions of the womb must also be present, and if they are not, I would adopt measures to bring them about. But everything else being normal, i.e., a normal presentation, roomy pelvis, good pains, and with these a rigid os, then it seems to me the hot douche is the best treatment. Not the least among its recommendations, is the fact that it is pretty sure to cause a profuse secretion of mucus, and to transform a hot, dry canal into a dilatable and well-lubricated one. It is also a measure which can hardly do harm, even in the hands of the most unskilful, which is more than can be said of most operative procedures in obstetrics.

I am aware that this is disposing of quite a large subject in rather an off-hand manner, but so far as my own experience has gone, it has proved all sufficient.

In the rigid perineum we have a much more difficult matter. Sometimes an unyielding perineum will, after a few pains, become soft and elastic and allow the passage of the head without serious trouble. And again, a perineum which has promised to make no trouble, will prove stubborn after the head has reached a certain point, and cause no end of trouble to get the head through without a rupture taking place. Now nature's method of making a rigid perineum yield, is to alternately push the head against it and then relieve it of the pressure, and it seems to me

that the best treatment will consist in imitating that process as closely as possible.

If the head is continuously pressing the perineum, we must relieve it of the pressure at proper intervals by pushing the head back. If the pains are not of sufficient power to bring the head to the perineum, we must strengthen them if possible. Other means failing to promptly relieve, apply the forceps, and imitate the natural process as closely as possible. The essential thing is to keep the head moving, forward during the pains, and receding during the intervals.

It would seem as though rupture of the perineum took place oftener from allowing its elasticity to be destroyed, by too long and steady pressure of the head, than from any other cause. Even if the pressure is not directly upon the perineum, but upon adjacent structures, it interferes with the circulation, and in this way in a short time greatly impairs its elasticity. Drawing the perineum forward by hooking the finger into the rectum, supporting it from the sides, and like measures, are of comparatively little avail. The method by pressure with the hand directly upon the perineum, it seems to me, must do more harm than good. The one practical measure which we can always adopt, is to see that the head recedes between each pain, and not to allow the perineum to be subjected to continuous pressure longer than the usual duration of a pain. Lastly, never to allow the head (or shoulders) to come through during the height of a pain, but "shell it out," as some one has so aptly expressed it, after the force of the pain is spent.

As yet, I have had no experience in nicking the perineum on each side of the median line, as is recommended, where a rupture is imminent, for two reasons: First, I do not see the advantage of having two wounds to repair instead of one, as would be pretty sure to be the case, if one extended the invitation for two ruptures; and second, in more than one case where rupture seemed inevitable, the head has come through with practically no rupture.

Further, as I believe that any injury of the perineum should be repaired at the time of the occurrence, it seems much easier to repair one rupture in the median line (or thereabouts), than two, one on each side.

"I'll just tell you what it is," remarked a fat, jolly old soul, to her companion, as the street car rumbled along, "the doctors kin say what they please, but I know it's just flyin' in the face o' natur' to bring a baby up on the bottle. You know Sally Ann Jimson, what lived next door to us?" "Yes," assented the other. "Well, she tried to bring her baby up on milkman's milk, and it died of water on the brain. — *Philadelphia Record*."

THE THIRD STAGE OF LABOR.

BY SARAH E. SHERMAN, M.D., SALEM, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

I have, for several months, intended to write a short paper on the above-named subject. Not that I expect or desire to crowd the already full ranks of those who contribute to medical literature, but more for the sake of provoking discussion, and thus learning something new in this department.

I might rehearse to you the methods of procedure recommended by Credé and Playfair, and other obstetricians, all of whom disagree in many particulars, but agree on one point, namely, that the expulsion of the placenta should not be hurried. But you have the books at your command and are doubtless as familiar with them as I am, therefore I shall content myself with rehearsing the instruction received in the lecture room on that subject, and its results in my hands.

Our professor in obstetrics, the late Dr. Woodbury, who had the deserved reputation of being a very successful accoucheur, told us it had been his practice for many years to wait no longer than ten minutes before assisting to deliver the after-birth, and his instructions to the class were substantially as follows: After the delivery of the child wait about ten minutes, and then if the placenta has not already been expelled, proceed to assist its delivery. Begin by making gentle traction on the cord, and if, as is often the case, the placenta lies in the vagina, it is at once and easily delivered; being always careful not to pull forcibly, as a broken cord will complicate matters very much. If this slight traction is not effectual, pass the right hand into the uterus, with the left upon the abdomen to assist contractions, grasp the placenta and deliver at once.

The reasons given for this mode of treatment were: First, the comfort of the mother is attained at once with as little suffering as would be endured if compelled to wait one-half hour, an hour, or several hours for nature to do the work unaided, and the discomfort and disagreeableness of her position and surroundings during that period of waiting, are done away with in a few minutes. Second, just after the delivery of the child, the uterus and vagina form one continuous canal, into which the hand is easily inserted to remove the placenta. Third, this method prevents all danger of hour-glass contractions. Fourth, it saves time for the accoucheur.

As I had no theories of my own, and not being rich enough to own many books wherein I could read those of other people, I followed my professor's instructions almost to the letter, and although I do not feel like boasting, I am very well satisfied with the results thus far. I have attended three hundred cases

of confinement and have had but two cases of peritonitis, three of puerperal convulsions, and three of post-partum hemorrhage. Of these, the two cases of peritonitis were brought on by neglect; i.e., their rooms were so situated that they could not be properly warmed, the patients received chills the next day after confinement, and peritonitis was the result in each case, and one case was fatal. Two of the cases of eclampsia were fatal; one of which was attributable to Bright's Disease, and one to poisonous drugs taken during pregnancy for the purpose of inducing miscarriage. The other case made good recovery, being partly hysterical in its nature. One case of hemorrhage occurred when the placenta was expelled at once and without assistance. The hemorrhage was probably occasioned by removing the patient from one room to another soon after delivery, the labor having been too rapid after my arrival to admit of her being moved sooner. The second case was caused by my being obliged to leave the patient sooner than I ought, and before permanent contraction had taken place. The third case was occasioned by retention of a shred of membrane, and all three cases were easily controlled by proper medication and manipulation.

I present these facts for your consideration, not because they are at all remarkable, but for your candid consideration and kindly criticism.

THE WORLD AND THE PHYSICIAN.

BY JAMES KRAUSS, M.D.

*A Speech Delivered at the Banquet of the Hahnemann Medical Society, B. U. S. M.,
June 3, 1889.*

MR. PRESIDENT, AND GENTLEMEN.—One of the wisest of all men of history says, somewhere:—

“All the world's a stage,
And all the men and women merely players.”

I am fully aware that these words are as familiar to you as they are to me, but before I say what I wish to say to-night, I ask you to listen to the way in which our poet proves this statement of his:—

“They have their exits and their entrances;
And one man in his time plays many parts,
His acts being seven ages. At first, the infant,
Mewling and puking in the nurse's arms;
And then the whining school-boy, with his satchel,
And shining morning face, creeping like snail
Unwillingly to school: And then, the lover,
Sighing like furnace, with a woeful ballad
Made to his mistress' eye-brow: Then, the soldier,

Full of strange oaths, and bearded like the pard,
Jealous in honor, sudden and quick in quarrel,
Seeking the bubble reputation
Even in the cannon's mouth: And then the justice,
In fair round belly, with good capon lined,
With eyes severe, and beard of formal cut,
Full of wise saws and modern instances;
And so he plays his part. The sixth age shifts
Into the lean and slipper'd pantaloon;
With spectacles on nose and pouch on side;
His youthful hose well saved, a world too wide
For his shrunk shank; and his big manly voice,
Turning again toward childish treble, pipes
And whistles in his sound: Last scene of all,
That ends this strange eventful history,
Is second childishness, and mere oblivion;
Sans teeth, sans eyes, sans taste, sans everything."

The genesis of every natural object claims a great interest on our part; the genesis of man a particular interest. Science has as yet, so far as I know, been unable to give us positive facts in this regard. The birth of the human race with its full history has not reached the stage of positive knowledge, but is merely a matter of conjectures and theories. While science is acknowledging that, with all the mighty weapons of knowledge and investigation which are at her disposition and which she has used deliberately, she is unable to unveil the statue of Sais,—the imagination of primitive nations in their eager desire to know, supplied this want of positive knowledge by their religious explanations. Many are satisfied with what these different fragments of human thought offer to them, others are not; and so we must turn again and again to those philosophers who, as it were, with their poetical instincts, see things which we cannot find in prosaic science. 'We have to apply to poetical genius to tell us what we feel but cannot express, for a genius is surely he who gives utterance to thoughts that we feel but cannot utter.

Our poet tells us, in what I quoted to-night, nothing about the genesis of man, but he tells in his incomparable language of the different stages that individual men pass, or have to pass through in this world; he utters a thought that must convey to us the idea that this world is not standing still, but moving; that the men of to-day are not the men of tomorrow; that we are growing and decaying; in short, he sees in the evolution of living men what 300 years after him his great countryman Darwin extended over all animate and inanimate objects; he sees *that nothing is constant but change*.

I chose this thought of his many great thoughts because it speaks about man, and because I hoped to formulate to-night a few observations or studies of society at large, of which we, physicians, form an honorable part.

We, all who are assembled here to-night, have already behind us the days in which those that we cherish most cared for us, brought us up to the degrees of strength we possess to-night. We have behind us the days in which we willingly or unwillingly made our daily calls on those, our friends, who gave us something which is, next to bread, the greatest necessity of mankind, the greatest motor of civilization—I mean those germs of education that begin with “A” and end with “Z.”

Is it a wonder then, I ask, that feeling men and women look with sympathy into the eyes of the future generation, since they see in them nothing but the mirror of their own youthful days; since they know, or ought to know, that once, when they are gone, just these will fill their places. And here I should like to say that physicians especially should regard themselves called upon to extend sympathy and aid to those that are going to be the fathers and mothers of the coming society—not only in their sick-room, but in the prime and blossom of their health, by extending to them the knowledge how to preserve this most precious gift of nature, without which we are almost nothing. When we are settled in some country town, I should like to have all of us undertake that most sympathetic and more than advantageous work of visiting the schools of the town; of showing our interest in the sanitary conditions of the institution and those that frequent the institution; and in contributing what little we can to enlighten those young people upon things that are harmful and those that are useful;—in short to plant in their susceptible bosoms a seed that will grow and bear fruit, which we now cannot even foresee in their full extent, and which we shall be surely proud of.

At the age when many of our fellowmen are in those pangs of love that make men sigh for and adore a woman—we, driven by our own inclinations, by necessity, or perhaps by accident, chose also a woman, but not to be at her feet and dream away the days of life that are meant for action; we choose her to learn from her lips those truths that make us fit for our mission of aiding man; we chose a second mother, a mater, and surely an Alma Mater! Do you realize what this means? I remember when I for the first time began to understand that wonderful creation of human genius—Faust; when I came to the passage where Mephisto tells Faust that he cannot procure him the beautiful Helen, that Faust has to procure her himself, and that he, Mephisto, is only able to give him the key to the undertaking—the key to the mothers! When I did read this simple word for the first time with full understanding, it was something that passed through my veins like a vibration of terror; I shuddered in reality with Faust at the exclamation of the word

that contains and discloses everything that is grand, everything that is good, everything that is sublime!

There are those who would smile at this as at a sentimentality; but let them remember that to engage one's self deeply and earnestly in those secret causes of all existence; to plunge daringly into that solitude out of which the ideal has to be born; to be overwhelmed by the power of that vastness; to shudder in the feeling of an idea which seizes us fully—all that, in reality, is the best part of human nature.

All of us who are struggling for knowledge and culture know something about it. Even that the universities bear the name of an "Alma Mater" is significant in this connection. Every disciple of science who comes to the Alma Mater in order not to smooth or polish his character, or to splash in the superficial water of a student's life, but to learn to draw and drink out of a source, has to undertake in this sense the "journey to the mothers." This word is only a mythological symbol for the plunge and engagement of man in the secret sources of all existence, in the well-spring of the truthful and beautiful. For everything that is grand and significant has to be brought to light by severe labor-pains.

This is, however, the commencement of our work, the germ of the ideal which is still more or less dim to our eyes. Should we now think to be able to acquire this ideal, so to say, from mere intuition, we shall be surely led astray; we shall even lose it as soon as we have the fortune to see it; and shall be punished for our titanic audacity just as Faust was. For this reason we have to be kept up to the earnestness of scientific labor, which shows us methodically the way to the sources. Only thus are we able to find the ideal of our desire; only thus are we able to fetter it close to us.

Some of us here to-night are saying farewell to our mater, the others will soon follow us. We have been guided by friendly hands; we have been shown how to reach our aims by arduous work. We have been digging in the mines of Science, and to-day she sends us out to be her soldiers. This contains a fountain of delight and truth. While till now we have been proud of being soldiers to fight for kings and princes, we find a delight to be soldiers of the crowning head of humanity, of the vehicle of progress, of powerful Science! She commands with a voice that must terrify every tyrant that peace be among fellowmen and work their motto. For hundreds of years man has knelt at the altars of his own imagination, has formed himself a circle of ideas which he adored. Also we erect altars, but we do not kneel and promote bursitis; we stand erect, for our cult is the unlimited investigation of that immense existence of which

every thing forms an essential part. I mean the cult of Science. *Real* nature is divine nature. To learn to know her is the object we are serving with enthusiasm and fervor.

With this knowledge, and acting upon this knowledge, we cannot fail to be useful members of society. If we, physicians, are not actively increasing her wealth, if we are not promoting her industrial strength by productive labor, which is the foundation of society, we have at least the satisfaction of not belonging to the actual drones in her hive; we have the moral satisfaction of watching over her health, of guarding her from enemies which are likely to attack her under the mask of sickness. What a wide field of activity opens here before our eyes! To take care of our fellowmen in days of despair, of agony, of pain; to console their friends with our sympathy and skill; to walk from bed to bed like a "minist'ring angel"—is a kind of work which we may rightly glory in, in the mere presentiment of deed.

We shall wrestle with an enemy, hidden or open, trusting to skill and knowledge and nature to come to our help. Nature is always present, saving lives where all the necessary conditions are fulfilled; losing lives where they are not fulfilled. But are skill and knowledge always present? We are told that our diploma is to be the guarantee for that. I doubt it very much. We are told that the reputation of our school is a guarantee for that. Do you believe it? I do not. They gave us only the key. No one can lift the treasure for us but ourselves. Fortunately the key that is given to us is an instrument which will unlock any lock of wisdom if rightly applied. Then must we suppose that, if understood, we can do without a locksmith in our travels through the many locked castles of human knowledge. Well, let us face this point a little nearer.

I said before that evolution manifests itself in every object of nature. It is especially remarkable to see its manifestations in the progress of mankind. It is the ladder on which the marching humanity climbs onward to light and happiness. It's a school training mankind to acquire its end. But here its province stops. I question whether evolution has done any of the great deeds of humanity; I even say as positively as any human being can: *No*. None of the great events of human history have been done by evolution; it only helped mankind to understand the need of such an event, and the event was brought about by her kin,—the revolution. If any one among you would be inclined to doubt this statement of mine, I should like to ask him whether any human achievement was not wrested, inch by inch, step by step, from those who withheld its enjoyment from all humanity. I should like to ask for one event in

the whole history of man where the progress of humanity was not bought and insured by revolution. When I pronounce this word my bosom swells higher, my heart beats stronger, for I see in it the lever of man's progress, of man's liberty, of man's happiness. I invoke to my aid no less a master-spirit than Wendell Phillips, that prince of orators, who in his remarkable address before the Phi Beta Kappa Society, spoke of revolution as evidence of life, the last weapon of victims choked and manacled beyond all other assistance, crushed humanity's only means of making the oppressor tremble. Every line in history, every interest of civilization, bids us rejoice when the tyrant grows pale and the slave rebellious.

But not only social achievements are due to revolutions. Science itself has to thank it for its gradual progress. When the tocsin of the great French Revolution was sounded all over the world, the thought of a German physician sounded his revolutionary theories into the ranks of conservative science. Evolution did its work by educating Hahnemann to such a degree as to see the faults and mistakes of his brethren, but revolution against the prevailing orthodoxy of science severed him from their rank, made him give to the world that principle of similia, by the carrying out of which more human lives have been saved in the last hundred years than were lost in all bloody strifes of Greece and Rome together. Hence do not be afraid when I speak of revolution. We all have our existence from its hands. And, as homœopaths, we are consciously or unconsciously revolutionists — at any rate in medicine.

Hahnemann was persecuted and excommunicated for his revolutionary ideas. And his persecuters were right. For they had either to investigate and probably accept his ideas, or, to be more consistent with their own feelings of hatred against anything new or better, had to persecute him; just as Europe, being afraid of the French revolutionary theories, waged war against them. But both ran before their horse to market. No new idea can be entirely crushed. The oppressor was never able to put out the torch that was lit in the bosom of his slaves.

The French Revolution was not only a success,—the greatest success in all history, for it gave birth to our century with all its progress and civilization,—but it keeps also men's thoughts alive to any possible injustice. Just so Hahnemann's ideas were not only a success, for he saw them practically and successfully carried out by many of his followers besides himself, but they invite also ever and again new and fresh criticism and work. When his doctrine was practiced in most of the civilized countries, it could not fail to modify to a remarkable degree the practice of his opponents. When typhus and cholera cases,

with many others, were practically given up by the doctor in attendance; and when occasionally some one escaped alive, the doctor was just as much astonished as his patient,—it could not fail, with the encouraging statistics of the homœopathic practice, that the dominant school should learn and leave off practices like venesection and mercurialization in order not to be left behind; for already signs of revolt were to be seen among their patients. Whoever denies these two factors in the change of their practice—homœopathy and the common-sense of the people—is either ignorant of the history of medicine or wilfully denies facts which are palpable.

We see that we had to struggle for everything that we call ours. If we now seem to possess something, it ought not to make us relax our vigilance to keep it; it ought not to make us think that here progress stops, and before us is stagnation. However clear the points of the similia be, however enthusiastic we may feel at the idea of possessing the key to unlock difficulties in curing the sick, we must not be satisfied with the key alone unless we have the whole lock. And we know quite well that the *materia medica* is a field in which, though the one key fits all its locks, there are different ways to apply it, and if these be not known the key is to us almost useless.

We may therefore welcome as a sign of the progressive spirit of our school the efforts of such men as Dr. Conrad Wesselhoeft to show us the way in which we can master this difficult task and leave to our followers a *materia medica* much nearer to truth and trustworthiness than we had the fortune to receive. It requires a great deal of courage, knowledge and labor, to revise the authenticity of the provings and the value of the symptoms, and no man living can undertake to bring it successfully to an end himself. But where single men fail, a mass of men often succeed. Let us, therefore, do our share in this memorable work. Let us examine with a critical eye what is before us and separate the truthful from the doubtful. We cannot fail by doing so to increase and fortify our knowledge in this sphere, and to be more positive and successful in the application of this knowledge. Besides it is a duty to every one of us capable of doing it, to promote the progress of our science, to build it on a firmer ground.

If we intend to walk in this direction of professional life, we shall be able to do, no doubt, as scientific and successful work as any physician who has preceded us. I emphasize the word scientific! Because I consider it necessary for the honor and progress of our profession that the doctors be not only successful in curing the sick, but also willing and able to show the path, and give the reasons of their success. I do not give a *doit*

for the greatest success of any physician who is so selfish or ignorant as not to give his experiences and the nature of his successes, with all the steps that led him to these successes, for the benefit of his fellow-practitioners. The progress of this world depends a great deal upon the universality of science and human achievements in science. For had every great discoverer or inventor kept his discoveries or inventions secret and buried them in his grave, the world's history—if such a one existed—would be marred with the ignorance or childishness of a race just escaping the footprints of ourang-outangs. Had all the great men of medicine hidden their ideas in their chest-box of secrecy, every physician starting out to cure the sick would be thrown upon his own imaginative resources, and the time would be yet far off where consumption would be cured even with frogs' legs or roasted Jews' liver.

There is a universal interdependence of scientific expositions and scientific explorers. What I give to my neighbor in the expression of my thoughts is only honoring a bill that is presented to me for a debt which I incurred towards the many men who were before me in this world; for had I not contracted this debt of interdependence as soon as I saw the light of our sun, I would yet stay at the lowest pit of humanity, as our ancestors probably did some twelve million years ago.

Hence I say the success of any man is of no importance unless he is able to show others the way in which he achieved it. Thus the others are led to see some facts with his eyes, and by that they may be capable of doing something of a still more progressive nature, while they are at the same time cautioned by the former discovery to evade a possible mistake.

This is scientific. I learn what the men before me did, how they did it; I learn what the men of our times do, how they do it; and then, if there be anything worth while in the phosphoric cell of my brain, I am ready to contribute my share, but in such a way again that others might profit by it.

Wherever there is anything worthy to take up, to make it to flesh and blood of ours, let us do it. Let us not confine ourselves to one method of cure, but let us study all methods of cure. Believe me, by having a survey, and be it even a general survey, over all the methods of cure, we shall not only be more able to judge about the superiority of our school of practice over the others, but we shall be also able to discriminate between the good and the bad of the other schools. For there never was, nor is, a body of men, which was entirely right or entirely wrong. Let us then use the good points to the benefit of our patients and to our own advantage. I am shocked at the ignorance of a man or a body of men, who make it a crime for any

fellow-practitioner, if he undertake to treat his patients by other than the means of their creed of cure ; but I am more shocked at the cowardice of a physician who, after the failure of the legitimate means of his school, would refuse to resort to means acknowledged by another school because he might incur the danger of being shunned by his former colleagues.

For my part, no colleague is so dear to me that I am not able to bear his evasion of my company if due to the saving of a human life by means which he does not acknowledge. For my part, no means are too legitimate or illegitimate to be used in the face of agony, pain or death. For my part, no means are too good or too bad for me to use, if they can abbreviate, even for a moment's time, the sufferings which make life insupportable to my fellowman.

SOCIETIES.

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THE AMERICAN INSTITUTE OF HOMŒOPATHY.

FORTY-SECOND SESSION.

On Monday evening, June 24th, the American Institute of Homœopathy convened at Hotel Lafayette, Minnetonka Beach, Minn., in its forty-second session. The tap of the president's gavel, shortly after eight o'clock, called attention to the fact that another year had passed, and representatives of homœopathy from all parts of our country were once more gathered together for the purpose of transacting business of interest and importance to the profession. Upon the platform were seated among others, the following ex-presidents : Drs. J. P. Dake, D. S. Smith, R. Ludlam, I. T. Talbot, and J. W. Dowling. Rev. Dr. Heath, of St. Paul, offered prayer. An address of welcome, full of warmth and cordiality, was delivered by Dr. J. E. Sawyer, of St. Paul, to which the vice-president, Dr. Theo. Y. Kinne, responded. President Selden H. Talcott then delivered his address. In graceful phrases he acknowledged his appreciation of the honor done him by the Institute in choosing him to preside over its deliberations, and paid an eloquent tribute to his predecessors. The present status of homœopathy at home and abroad, and the progress made during the past year, were reviewed, with encouraging results. At some length he discussed the question of State legislation in matters relating to the practice of medicine. He recommended the cultivation of specialties as a means of increasing and perfecting our therapeutic resources. Suggestions of various import were made, and the subject of unity in the medical profession referred to at some length. A high

standard of duty was proposed, and a plea made for universal freedom of the human brain and mind. The address closed with a strong appeal to the fidelity, loyalty, and courage of homœopathists.

Dr. Talcott's address was warmly received, his audience giving hearty evidence of approval. Treasurer E. M. Kellogg, M.D., then made his report, showing that during the year \$3,624.83 had been subtracted from \$4,295.35, thus leaving a balance on hand of \$670.52.

The Necrologist's report showed that fourteen members had died since the last meeting of the Institute. Reports from the Executive Committee, the Committee of Publication, and the Bureau of Organization, Registration and Statistics, concluded the evening session.

SECOND DAY.

The MORNING SESSION was devoted to subjects of general interest. The report of the Board of Censors presented the names of sixty-nine applicants for membership. One interesting incident was the consideration of the memorial from the W. C. T. U., to the effect that alchholic medication be repudiated by the Institute. Dr. R. Ludlam, of Chicago, presented a letter in reply, in which the Institute went on record as opposed to "bitters," and "tonics," and "whiskey cures," and indiscriminate use of alcohol, etc. The usefulness of alcohol, however, and especially its place in pharmaceutics, was clearly insisted upon, while its dangers and abuses were acknowledged and deplored, and the good work of the W. C. T. U. cheerfully upheld. By vote the reply was adopted as voicing the sentiments of the meeting.

Addresses from the Chairmen of the Bureau of Materia Medica, and of the Bureau of Psychology, were then read, following which came the report of Dr. J. P. Dake, Chairman of the Committee on the Cyclopædia of Drug Pathogenesis, in which the history and nature of the work were reviewed, and the progress to date outlined.

The subject which formed perhaps the principal feature of the morning session, was the report of the Committee on Pharmacy. Dr. E. N. Howard, the chairman of the committee, gave a record of his investigations into the character of the tinctures furnished by our homœopathic pharmacies. Samples of six drugs purchased at leading pharmacies, had been compared as to color and odor, to determine whether the tinctures were made from fresh plants, dried material, or from the "fluid extracts" and "normal liquids" of old-school druggists. Proper control-tests and cipher were used, the key being in the hands of the president, where the Institute, after discussing the matter, decided it should remain.

The AFTERNOON SESSION was, as usual, devoted to sectional meetings. The Bureau of Ophthalmology, Otology, and Laryngology, had a successful and interesting meeting. Dr. Schley, of New York, reported "A Case of Lupus of the Larynx," which terminated fatally; the larynx was exhibited to the section. Dr. E. W. Bebee, of Milwaukee, reported an accidental proving of chrysophanic acid, in which severe conjunctivitis, and contraction of the pupils with intense photophobia, were developed and continued for ten days. The action of the acid on the iris, ciliary body and retina, was stated as analogous to that of physostigma and pilocarpine. It was recommended as a good remedy for retinal asthenopia, or optical hyperæsthesia, for photophobia attending scrofulous ophthalmia, keratitis, and iritis.

Dr. A. B. Norton, of New York, read a paper showing the advantages of systematic exercising of the ocular muscles over tenotomy, in the treatment of heterophoria. A paper by Dr. F. Parke Lewis, of Buffalo, "On the Indications for Operative Interference in Heterophoria," was read by Dr. Clarence Bartlett, of Philadelphia. A paper by Dr. Chas. Deady, of New York, entitled, "Observations on the Methods of Exercising the Ocular Muscles with Prisms," was read by Dr. A. B. Norton.

Other papers were read as follows: "Some Experience in Ocular Muscular Troubles," by James A. Campbell, of St. Louis; "Accidental Rupture of the Membrana Tympana with Results," by Dr. Sayer Hasbrouck, of Providence, R. I.; "Hypertrophic Rhinitis," by Dr. F. F. Casseday, of Kansas City, Mo., and the "Chemical Galvano-Caustic in the Treatment of Atrophic Rhinitis," by H. H. Crippen, of San Diego, Cal.

The Bureau of Psychology held one of the liveliest meetings of the entire session, and, if animated discussion adds to interest, one of the most interesting. An effort was made to decide what the will is, and the opportunity thus offered to indulge in speculative philosophy, and to express one's views, whether materialistic, spiritualistic, or theological, was too favorable for many to ignore. Consequently there was a good deal of theorizing without reaching any definite conclusions.

The following papers were presented: "Pre-Natal Influences," by J. D. Buck, M.D., Cincinnati, O.; "Nutritive Influences," by J. G. Baldwin, M.D., New York, N. Y.; "Climatic Influences," by Helen M. Bingham, M.D., Denver, Col.; "Drug Action Upon the Will," by E. O. Kinne, M.D., Syracuse, N. Y.; "The Emotions as Affecting the Will," by Sophia Penfield, M.D., Danbury, Conn.; "Creation and Preservation of Mental Equilibrium," by W. M. Butler, M.D., Brooklyn, N. Y.; "Mental

Training for the Young as Affecting the Will," by Julia H. Smith, M.D., Chicago, Ill.; "Will Power: How Produced and How Applied in the Cure of Disease," by William H. Holcombe, M.D., New Orleans, La.

The EVENING SESSION was devoted to the Bureau of *Materia Medica*. The first paper presented was by Dr. E. M. Hale, on "The Unproven Iodides," the iodide of gold receiving special attention. Dr. William E. Leonard, of Minneapolis, read a paper on "Mineral Springs Containing Iodine and Its Salts," which was followed by one from Dr. J. Heber Smith, on "The Therapeutic Range and Limitation of Iodine." Dr. A. C. Cowperthwaite then read his paper on "Kali Hydriodicum," in which he presented an analysis of the drug, comparing it with mercury, and differentiating it from Iodine. Papers were also read from Dr. J. W. Hayward, of Liverpool, on "The *Materia Medica* of the Future," and by Dr. VanDenburgh, of Fort Edward, N. Y., on "How to Improve Our *Materia Medica*."

THIRD DAY.

The MORNING SESSION proved an active one from the amount of business transacted. A list of nineteen applicants for membership was reported from the Board of Censors. Dr. Clarence Bartlett's motion that the Bureau of Psychology have its name changed to the Bureau of Nervous and Mental Diseases, was carried. Amendments to the By-Laws were offered, which were made the special subjects of business for the following morning. Dr. A. C. Cowperthwaite moved that a committee be appointed to draft preamble and resolutions to be presented in the name of the Institute to those life insurance companies now discriminating against homœopathic physicians as examiners. The motion was carried, and the President appointed as Committee, Drs. I. T. Talbot, A. C. Cowperthwaite, J. W. Dowling, J. P. Dake, and G. A. Hall.

A communication from the Homœopathic Medical Society of the county of New York, was read by the General Secretary, Dr. Pemberton Dudley, in which attention was called to the fact that homœopathic journals were not included in the Index Catalogue of the Surgeon General's office of the United States Army. No action was taken thereon. Reports from the Committees on Medical Literature and on Foreign Correspondence, were presented and referred for publication.

The Committee on the International Pharmacopœia, made a report exhibiting a commendable industry and effectiveness. Dr. J. P. Dake presented the report in which the wishes of the Institute were sought on a few points. After due consideration

it was decided by the Institute — I., that the proposed Pharmacopœia should be adapted to the wants of the practitioner as well as the pharmacist ; II., that it should include a supplementary chapter on the best methods of preparing and dispensing medicines both in the office and in the sickroom ; and III., that the publication of the work should be given in charge of some responsible publishing house.

Dr. Talbot, Chairman of the Committee on the International Homœopathic Convention, reported that the Convention would be held in 1891 as first proposed, since no action had been taken by Congress relative to the four hundredth anniversary of the discovery of America.

The following addresses of the chairmen of the various bureaus were then read : Bureau of Surgery, by Dr. S. B. Parsons, of St. Louis ; Bureau of Pædology, by Dr. L. C. Grosvenor, of Chicago ; Bureau of Obstetrics, by Dr. Sheldon Leavitt, of Chicago ; and of the Directors of Provings, by Dr. Conrad Wesselhoeft, of Boston.

The next thing in order was the report of the Committee on Medical Legislation. Dr. A. I. Sawyer, Chairman of the Committee, was the first to report, and he was followed by Dr. I. T. Talbot, who presented the majority report of the Committee, [see page 349], and offered the following :

Whereas, A general effort is being made to induce the legislatures of the various states, to establish in each of these a medical board or its equivalent, which shall have full power to determine who shall be allowed to practice medicine or administer to the sick, and may prevent all others from so doing under penalties of fine and imprisonment, and,

Whereas, In the present widely different methods of medical practice it would be obviously unjust to allow any man or set of men to judge those holding opinions different from their own, and impossible to constitute a medical board in which all these medical opinions are equally represented, or to establish separate boards for each of them, and,

Whereas, Such restrictive and prohibitory laws are contrary to the spirit of American liberty, destructive to the rights of our citizens to employ whomsoever and whatsoever means they may choose in cases of sickness, and subversive of that freedom of thought and investigation essential to medical progress, and repressive of all new medical ideas not supported by existing associations.

Resolved, That the American Institute of Homœopathy emphatically protests against and opposes any and all medical legislation which shall in the slightest degree restrict the liberty of thought, the freedom to investigate and adopt any opinion and practice any method of cure which such investigation commends.

Resolved, That such restrictive legislation is obstructive to medical investigation, trammels scientific effort, and is a hindrance to medical progress.

Resolved, That laws which prevent the people from employing in sickness any medical method which they may desire, takes away rights which should be inalienable, and are oppressive and unjust.

Resolved, That such restrictive laws are un-American in their character, injurious to the profession which they belittle, and oppressive to the people, whose rights they invade.

Resolved, That medical legislation may properly be directed to the prevention of deception and fraud through the unjustifiable use of medical titles by persons having no rightful claim to the same, and it should be the duty of the medical profes-

sion and the community, while depriving no persons of their just rights, to limit to members of the medical profession the titles legally conferred upon them as evidence of their education and attainments.

Resolved, That if in any state restrictive medical legislation should be enacted and a medical board established, in order to lessen somewhat its evil influences every effort should be made to secure upon such board an equal representation of each of the three present dominant medical schools, or methods of practice, or the establishment of three separate medical boards, each with full power to judge of the qualifications of those belonging to its own school.

Resolved, That we call upon the American Medical Association, and the medical profession, to relinquish all efforts to secure such unwise restrictive medical legislation, and upon all members of the American Institute of Homœopathy, and upon all liberal physicians and citizens, to join with us in opposition thereto.

The minority report of the Committee was made by Dr. H. M. Paine, [see page 353], and was supported by Dr. A. S. Couch. It offered for consideration the following :

Whereas, The American Medical Association, through the different state medical societies, is endeavoring to procure state boards of medical examiners, with or without homœopathic minority representation ; and,

Whereas, Such action, if carried to completion, will inure to the disadvantage, if not to the destruction, of our school as a distinct organization ; therefore,

Resolved, That the Committee on Legislation of this Institute be instructed to correspond and coöperate with the legislative committees of the several state homœopathic medical societies, in the procurement of separate state boards of medical examiners throughout the United States.

Resolved, That this action is taken, not from any want of confidence in the medical colleges of our school, or any desire to review their work, or reverse their decisions regarding a standard of qualifications, but as an alternative from which we have no escape if either our school or colleges are to have continued existence.

Resolved, That the Committee on Medical Legislation be authorized, if necessary, to expend \$100 in carrying out the foregoing instructions.

Discussion of the report of the Committee was made the special order of business for the following morning, the hour being so late that adjournment of the session was necessary.

The AFTERNOON SESSION was devoted to sectional meetings. The Bureau of Pædology discussed the relation between rheumatism and chorea, the paper on that subject being read by Dr. Clarence Bartlett ; after which Dr. H. M. Hobart, of Chicago, presented a paper "On the Importance of Appropriate Feeding After the Nursing Period in Preventing Diseases of Children." Universal interest in this subject led to a lengthy discussion of it, during which many shades of opinions were advocated, and experiences recited. Other papers were read as follows :

"Homœopathy as a Preventive of Diseases of Children," by Martin Deschere, M.D., of New York ; "The Importance of Open Air as a Preventive of Nervous Complications in Teething," by Dr. M. W. VanDenburgh, of Fort Edward, N. Y., and "Baby's Bath," by Dr. L. C. Grosvenor, of Chicago.

Dr. Grosvenor also exhibited a sample, and discoursed on the merits of the "Gertrude Suit," after which the section adjourned.

The section in surgery listened to a series of papers of unusual merit, on surgery of the brain.

The following papers were presented and read by their respective authors: "Cerebral Localization," by J. K. Warren, of Worcester, Mass.; "Tumors of the Brain," by Charles M. Thomas, of Philadelphia; "Tumors of the Dura Mater," by S. B. Parsons, of St. Louis; "Compound Fractures of the Skull and Their Treatment," by Charles E. Walton, of Cincinnati, O.; "Depressed Fractures of the Skull," by H. L. Oletz, of Ann Arbor, Mich.; "Under what Circumstances and When Shall the Skull be Trephined for Brain Lesions," by George A. Hall, of Chicago. Dr. Talbot presented for Dr. N. Emmons Paine, "A Report of Three Cases of Brain Tumor." The papers presented by the Bureau, as above given, constituted a most exhaustive and valuable symposium on the subject.

The reading of the papers so fully occupied the afternoon hours, that the section adjourned, postponing discussion of the papers until the

EVENING SESSION, when ample evidence was given that interest in the subject had not in the least abated in the intervening hours. The discussion proved not only free and spirited, but valuable and satisfactory.

In the evening was also held the sectional meeting of the Bureau of Obstetrics, presided over by the chairman of the bureau, Dr. Sheldon Leavitt, of Chicago. The first paper presented was by Dr. Geo. B. Peck, of Providence, on "The Management of the Breasts in Non-Nursing Puerperæ." This proved a subject rich in polemical possibilities. Inflammation of the Mammæ was treated of in papers by Dr. J. B. G. Custis, of Washington, and Dr. J. N. Mitchell, of Philadelphia, and a paper on "The Puerperal Retention of Urine," was read by Dr. Sheldon Leavitt, whose recommendation, that remedial measures and adjuvants should be faithfully tried before resorting to the catheter, was warmly seconded by several speakers. Papers by Dr. L. L. Danforth, of New York, and C. G. Higbee, of St. Paul, on "Phlegmasia Alba Dolens," were read, and the last paper of the evening was by Dr. T. G. Comstock, of St. Louis, on the "Treatment of Occipito-Posterior Positions." He claimed that episiotomy should be performed in all such cases, although in the subsequent discussion it proved to be the opinion of more than one that it was preferable to take the chances of a rupture of the perinæum.

FOURTH DAY.

After the opening of the MORNING SESSION, the Board of Censors recommended a list of twenty-three applicants for membership.

The following amendment to the By-Laws, proposed by Dr. Clarence Bartlett the previous day, was adopted without discussion :

That Section 7 of Article VII. which now reads: "The chairman of each bureau, as soon as possible after appointment, shall call his associates together and organize his bureau by the appointment of a Secretary; and, being duly organized, the bureau shall select a special subject upon which to labor and report at the next meeting of the Institute," be amended by striking out all after the semi-colon and substituting the following therefor: "And the Secretary shall, after the organization of the bureau, notify each member thereof that he is expected to contribute a paper on some portion of the subject matter pertaining to such bureau with which he is practically and specially acquainted."

Also that Section 8 of Article VII. be stricken out, and that all subsequent sections of Article VII. be renumbered so as to be in accord with the above changes.

Dr. Geo. M. Dillow's substitute for the standing resolution adopted in 1888, relating to the listing of journals, was called up, and, after free discussion, adopted. The resolution is as follows :

Resolved, That in making up the list of existing journals illustrative of homœopathy by the Bureau of Organization, Registration, and Statistics, and the Committee of Medical Literature, that only such shall be included as recognize the principle of *similia* as the dominant principle in the selection of drugs for the cure of the sick, and which also support the organization of homœopathy as a distinctive body in the medical profession — that no journal thus listed shall be stricken off without notice through the General Secretary of the Institute of the reasons for the proposed omission from the list, and then not without due notice and opportunity for defence on the part of the journal under consideration, final action on the case being deferred until the succeeding annual meeting. But the name of any journal may be dropped from the list after failure to signify before September 1, 1889, of its assent to the preceding conditions of its listing; or, after assenting, after subsequent failure to make report to the Institute for three consecutive years.

The session will be a memorable one from the discussion and action on the amendment proposed by Dr. H. C. Allen, due notice of which was given a year ago, providing for the insertion of a clause into the application for membership, avowing the belief of the applicant in the principles of homœopathy.

Drs. H. C. Allen, T. Franklin Smith, and President Talcott favored the amendment, and Drs. J. P. Dake, I. T. Talbot, A. F. Couch, Chas. Gatchell, and F. H. Orme (by letter) opposed it. When put to the vote, it was found that the opponents were in the majority, the vote standing — 34 yeas, 76 nays. The motion was therefore lost.

The subject of legislation also came up according to appointment. The Committee had agreed upon a set of resolutions, which, as follows, were formally adopted :

Whereas, The American Institute of Homœopathy declares itself opposed to restrictive legislation which curtails civil rights, encroaches upon personal liberty, and checks the progress of medical science;

Whereas, The American Medical Association, through the various state societies, is endeavoring to procure state medical examining boards, with or without homœopathic minority representation; and,

Whereas, Such action, if carried to completion, will inure to the disadvantage, if not the destruction, of our school as a distinct body, and act as a direct hindrance to medical progress, therefore

Resolved, That the Committee on Legislation of this Institute be instructed to correspond and coöperate with the legislative committees of the State Homœopathic Medical Societies in the procurement of separate boards of medical examiners throughout the United States, when such boards are to be established, and when it is impossible to secure such separate boards, to insist upon equal representation upon single boards.

Resolved, That the Committee on Medical Legislation be authorized, if necessary, to expend \$100 in carrying out the foregoing instructions.

Dr. O. S. Runnels, of Indianapolis, presented a report as Chairman of the Committee on Medical Education, that was plain in language, vigorous in utterance, just in criticism, sensible in recommendation, and creditable in aspiration.

The election of officers came next in order, and the result was as follows:

President — Dr. A. I. Sawyer, of Monroe, Mich.

Vice-President — Dr. C. G. Higbee, of St. Paul, Minn.

Treasurer — Dr. E. M. Kellogg, of New York.

General Secretary — Dr. Pemberton Dudley, of Philadelphia.

Provisional Secretary — Dr. T. M. Strong, of Ward's Island, N. Y.

Censors — Dr. R. B. Rush, Salem, O.; Dr. T. F. Smith, New York; Dr. A. C. Cowperthwaite, Iowa City, Iowa; and Dr. C. B. Kinyon, Rock Island, Ill.

After the inevitable discussion it was decided to hold the next annual meeting of the Institute at Waukesha, Wisconsin.

The AFTERNOON SESSION was devoted to the Bureau of Clinical Medicine, the general subject being "Comparative Theories and Management of Pneumonia." "The Pathology of Pneumonia," by Dr. C. Hoyt, of Chillicothe, Ohio, was read by Dr. T. M. Strong. Other papers presented and read were the following: "Clinical Description of Pneumonia," by Dr. W. J. Martin, of Pittsburgh, Pa.; "Iodine and Its Salts in Pneumonia," by Dr. S. Lilienthal, of San Francisco, Cal.; "The Treatment of Pneumonia," by Dr. A. K. Crawford, of Chicago; "Clinical Notes on Pneumonia," by Dr. Wm. Owens, of Cincinnati, Ohio.

One of the most interesting points made in the discussion of the papers was the reference by Dr. J. M. Schley, of New York, to the usefulness of iodine in the treatment of pneumonia. He referred to the treatment of 112 cases of pneumonia in children,

with iodine, by Dr. McMichael, of New York, without a single death. Fifteen or twenty drops of the tincture were dissolved in a half glass of water, and teaspoonful doses given every fifteen minutes until the temperature fell to the normal. If the temperature remained stationary a dose was given every half hour, if it advanced, the intervals between the doses were decreased.

The EVENING SESSION was social in its character, taking the form of a banquet which was unusually enjoyable and successful, and as such will long be remembered. Some four hundred and fifty seats were occupied at the banqueting tables, and the post-prandial exercises, presided over by Dr. J. W. Dowling, were therefore exceptionally brilliant and vivacious.

FIFTH DAY.

The MORNING GENERAL SESSION was of brief duration. The Censors reported a final list of seven applicants for membership, with the usual action by the Institute.

Dr. George A. Hall, Chairman of the Committee on President's Address, presented a verbal report, in which he announced that the Committee favored all the recommendations of the President. They objected to any action being taken with respect to the discrimination made by insurance companies, as they thought such action contrary to the dignity of the Society. The Institute then recalled its vote of the previous day respecting the insurance companies.

A motion was made to change the time for the annual election from Thursday noon of each session to Wednesday of each session. Carried.

Drs. Banerje and Sircar, of Calcutta, were elected to corresponding membership, and Mr. A. J. Tafel, of Philadelphia, to honorary associate membership in the Society.

Sectional meetings were then held.

The Bureau of Gynæcology discussed urethritis and cystitis, a paper by Dr. M. T. Runnels, of Kansas City, on Urethritis, read by Dr. O. S. Runnels, giving rise to a most spirited discussion, in which an unusually large number of speakers participated. Dr. Ludlam's paper on "Some Anomalous Affections of the Urinary Organs in Women," also proved practical and interesting.

The sectional meeting of the Bureau of Sanitary Science was presided over by Dr. J. W. Dowling, and the following papers were read and discussed: "Climate in its Relation to the Preservation of Health," by Bushrod W. James, M.D., Philadelphia, Pa.; "Relation of Work and Rest to the Preservation of Health," by H. E. Beebe, M.D., Sidney, O.; "Sewer Gas and

Its Effects Upon Health," by J. E. Gilman, M.D., Chicago, Ill.; "Clothing in Relation to Health," by T. Y. Kinne, M.D., Paterson, N. J.; "Food and Drink in Their Relation to Health," by J. W. Dowling, M.D., New York, N. Y.

The AFTERNOON SESSION was called to order at 3 o'clock, its chief features being the memorial service for the deceased members, the announcement of committees and appointment of chairmen of bureaus, and final adjournment.

The chairmen of the various bureaus for the ensuing year are as follows: Dr. E. O. Kinne, of Syracuse, Materia Medica; Dr. J. W. Dowling, New York, Clinical Medicine and Special Therapeutics; Dr. T. G. Comstock, Obstetrics; Dr. T. Y. Kinne, Sanitary Science; Dr. S. P. Hedges, Chicago, Gynæcology; Dr. C. Bartlett, Philadelphia, Pædology; Dr. C. M. Thomas, Philadelphia, Surgery; Dr. J. T. O'Connor, New York, Anatomy, Physiology and Pathology; Dr. A. P. Williamson, New York, Psychological Medicine; Dr. J. A. Campbell, St. Louis, Ophthalmology, Otology and Laryngology.

The following committees have been appointed:

On Railroad Fares.—H. C. Allen, I. T. Talbot, B. W. James, A. C. Cowperthwaite, and G. A. Hall.

On Local Arrangements.—W. W. Danforth, T. Y. Kinne, Jos. Lewis, Lewis Sherman, C. A. Pennoyer, C. G. Higbee, and E. H. Pratt.

On International Convention.—Last year's committee was continued.

Organization of Prover's Clubs.—Conrad Wesselhoeft, E. M. Howard, T. Y. Kinne, J. W. Dowling, Seldon H. Talcott.

On Pharmacopœia.—Last year's committee continued.

On Legislation.—I. T. Talbot, H. M. Paine, F. H. Orme, J. P. Dake, and C. M. Dinsmore.

On Literature.—J. C. Burgher, R. Ludlam, H. M. Smith, and C. H. Hoffman.

Inter-collegiate Committee.—I. T. Talbot, Chairman.

Directors of Provings.—To remain the same as last year.

Pharmacy.—E. M. Howard, A. R. Wright, and W. Y. Cowl.

Medical Education.—T. Y. Kinne, D. H. Beckwith, R. W. McClelland, and C. B. Kinyon.

Lying with the shoulders low and the hips elevated will give quick relief from vomiting during pregnancy. A linen compress, saturated with French brandy, strapped tightly over the gastric region with adhesive plaster, acts mechanically in holding the muscles quiet, and will sometimes do wonders in those cases.—*Hom. Jour. of Obstetrics.*

REVIEWS AND NOTICES OF BOOKS.

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A HANDBOOK OF MATERIA MEDICA AND HOMŒOPATHIC THERAPEUTICS. By Timothy F. Allen, A.M., M.D., LL.D. Philadelphia: F. E. Boericke, Hahnemann Publishing House. 1165 pp.

Once more the profession finds itself under heavy obligations to the compiler of that wonderful work, the "Encyclopædia of Pure Materia Medica." Ten years ago was completed the largest work on drug pathogenesis ever gotten together. The enormous mass of proving-records there collected has been and will be for years to come, an invaluable source of reference. Without a work of just such comprehensiveness, further progress in the study of true drug pathogenesis were well-nigh impossible. Notwithstanding the completeness of the "Encyclopædia," there was expressed at an early date an urgent desire for a more convenient work for speedy reference in practical daily emergencies, and Prof. Allen with courage undaunted, with patience marvellous and enviable, and with energy unexcelled, commenced the task of revising and condensing the "Encyclopædia," the result being the "Handbook" before us. It is a handsome quarto, double columned, beautifully printed, substantially bound volume, containing provings of some 388 drugs, as free from "vain repetition" and as condensed as is consistent with the plan adopted, representing, it is within the bounds of truth to say, ten years of arduous and painstaking toil. A number of drugs and provings contained in the Encyclopædia, have been omitted on account of their inutility or untrustworthiness, the "Nosodes" among them, although *Psorinum* has been retained. A number of new drugs have been added; for instance, antipyrine, cocaine, (which is only referred to in the Encyclopædia under coca, but here has a separate chapter), convallaria, and strophanthus. Accumulated provings and poisonings have also been added whenever good reason existed for including them.

By way of assistance in selecting a remedy, a few comparisons of each drug with those most closely allied to it have been made. For instance, under Baptisia, "Eyes Lachrymation on going into open air. *Soreness of balls* (Eup. perf.); *with lame feeling on moving them* (Agar.). Partial paralysis of lids, it is difficult to keep them open (Gelsem., Rhus.)" Comparisons are not as frequent as the quotation would seem to indicate, the rule being to admit only a few of those of most marked similarity.

Clinical symptoms have been excluded from the proving records, but are found interspersed throughout the text under their

proper anatomical heading in the schema, and are printed in a special type, so as to be recognized at a glance. Clinical symptoms well verified, have an important place in a work on therapeutics, though it is eminently proper to exclude them from pure *materia medica*. The arrangement adopted seems extremely judicious considering the nature and purposes of the Handbook.

Reference is made in the preface to the necessity and utility of the "Schema" of Hahnemann, as the best arrangement of symptoms yet conceived for practical therapeutics; and hints are given indicating the most successful way of using the Handbook for the selection of the remedy.

The place for this book is not on the library shelves — though it would certainly ornament them — but on the study table or office desk, where by the easiest movement its pages can be opened; for the work though of formidable bulk, is so substantially bound as to fearlessly challenge constant use.

The preface contains also a highly significant paragraph on the *reliability* of our symptomatology, which should be carefully read by all. We quote herewith from it the following statements, which concisely and admirably express our own convictions on the present status of our *materia medica*, and forestall any possible deprecation of the work's ideal usefulness, from the point of possible unreliability of the sources drawn upon:

"We acknowledge the lack of accuracy in observation, the failure of confirmation required for scientific accuracy; we are cognizant of the absolute necessity of rebuilding the whole symptomatology from the very foundation; but during the years, or rather, generations, which will elapse till this be done, we must cure the sick as best we may, and use sometimes doubtful material to accomplish our results."

CYCLOPÆDIA OF THE DISEASES OF CHILDREN, MEDICAL AND SURGICAL. Edited by John M. Keating, M.D. Volume I. Philadelphia: J. B. Lippincott Company, 1889. 992 pp.

Should any physician doubt the necessity for a "cyclopædia" of diseases of children, let him think for a moment of how large a proportion of his "cases," are those of children's diseases, and of the immense mortality among children every year; and then of the few books on his library shelves, even though the latter be well stocked, which are devoted to the diseases of children. After this he may profitably read the introduction to the work under consideration, which was written by Dr. A. Jacobi, and in which he refers to the deplorable lack of practical instruction in diseases of children, in the medical schools of Great Britain

and America. He bemoans this fact, and contrasts it with what obtains in France, Italy, Germany, Austria, Sweden, and in Russia, where students have to prove, before being permitted to practise, their thorough acquaintance with what they have been *compelled* to study concerning the diseases of children. The chapters "On the Anatomy of Children," by George McClellan, M.D., of Philadelphia, on "The Physiology of Infancy," by Angel Money, M.D., of London, and on "Diagnosis," by James Finlayson, M.D., of Glasgow, which form the opening chapters of the work, amply support the statement that children are not to be considered simply as miniature men and women; they are not merely smaller bodies, but are in many ways very different from adults, and special skill and training are therefore needed even to diagnose their diseases.

This cyclopædia consists of a collection of monographs, written especially for it, by American and British authors, each contributor having been assigned a subject with which experience has made him especially familiar.

The present volume is divided into two parts, the first being devoted to general subjects: "The Anatomy of Children," "The Physiology of Infancy," "Diagnosis," "Maternal Impressions," "The Influence of Race and Nationality upon Disease," "The Closure of the Ductus Arteriosus and of the Umbilical and Hypogastric Arteries," "Infant Feeding, Weaning," "Nursing of Sick Children, etc., etc., by authors and teachers whose names are known throughout the length and breadth of the land; such as R. A. F. Penrose, Theophilus Parvin, W. H. Parish and E. O. Shakespeare of Philadelphia, and J. C. Warren and T. M. Rotch of Boston. The second part is devoted to "Fevers and Miasmatic Diseases," such as enteric, relapsing and scarlet fever, rheumatism, malaria, and yellow fever, with three concluding monographs on "Joined Twins," "Embryology," and "The General Therapeutics of Children's Diseases;" such names as J. Lewis Smith and Roberts Bartholow being found here. The articles are all of excellent qualities, reflecting in directness of diction, lucidity of description and plans of treatment, the *best* opinion of the dominant practice.

In regard to treatment, we find it frequently divided into the expectant, the expectant-symptomatic or rational plan, and the specific or etiological plan, adapted to varieties, stages, and severity of diseases. Some curious, and to the homœopathist, most significant things are to be noted. For instance, on page 552, in the treatment of cerebro-spinal fever, bromide of potassium is awarded the place of honor as perhaps the most efficient remedy; and it is stated in regard to bromism, "but the symptoms of bromism cannot readily be discriminated from those

which may result from cerebro-spinal fever, such as," etc.

The work certainly marks an epoch, and it should be in the hands of all who care to know what "rational" medicine is doing in a field where labor is sorely needed. The work is presented in magnificent form, and to its making has gone all that is best in the book-maker's art.

A SYSTEM OF OBSTETRICS. By American authors. Edited by Barton Cooke Hirst, M.D. Volume II. Philadelphia: Lea Brothers & Company. 854 pp.

The first monograph in this volume is by the well-known Philadelphia professor, Theophilus Parvin, M.D., LL.D., and deals with the "Diseases and Accidents of Labor," such as lacerations, ruptures, inversio uteri, eclampsia, hæmorrhage, and the many causes of sudden death during or following labor, etc. The second is by Edward P. Davis, A.M., M.D., who gives a most interesting monograph on "The Forceps," and "Embryotomy." By judicious phraseology and terse description, he treats his subjects, vast and important as they are, in a satisfactory manner, though occupying only slightly over 70 pages. James C. Cameron, M.D., of Montreal, is the author of the third and fourth monographs; one, a short one, on "The Premature Induction of Labor," in which reference is made to Tarnier's success in pushing back the limit of viability from the seventh to the sixth month, by saving thirty per cent of children born at the sixth month; the other is on "Version." The plea for a simple, correct and uniform nomenclature, in connection with this operation, is well made, and is in keeping with the simplicity and directness which characterize the whole monograph. The fifth monograph is on "The Cæsarian Operation, Symphysiotomy, Laparo-Elytrotomy and Laparo-Cystectomy," and is from the pen of Robert P. Harris, A.M., M.D., of Philadelphia, whose name in connection with the Cæsarian section in America is so eminent. An historical resumé, of great interest and value, is found in connection with complete statistics and thorough descriptions of past and present methods of operating. Henry J. Garrigues, A.M., M.D., of New York, is the author of two monographs; one on "Puerperal Infection," in which he treats "of all inflammatory conditions except the eruptive diseases" connected with the puerperal state, the term "puerperal fever" being abandoned. This is unquestionably one of the most important sections in the book, one of practical interest, not only to the specialist, or the obstetrician in charge of a large metropolitan maternity, but to the general practitioner in the city and in the country, in fact to whomsoever may have charge of a lying-in chamber. The treatment reflects with great

vividness the acknowledged (demonstrated) etiological factors, and antiseptics is therefore the *sine quâ non*. The bichloride of mercury holds a high position in the estimation of Dr. Garrigues, but warnings of the dangers connected with its use, are neither few nor indefinite. The other monograph by Dr. Garrigues is on "Inflammation of the Breasts and Allied Diseases Connected with Childbirth," and like its predecessor is eminently practical. The eighth monograph is on "The Etiology of Puerperal Fever," by Harold G. Ernst, A.M., M.D., of Boston, and deals with micro-organisms, ptomaines and lencomaines, in a masterly manner. A full bibliography is added to the monograph. The editor, Barton Cooke Hirst, M.D., is the author of the ninth monograph, which deals with "Some Complications of the Puerperal State Independent of Septic Infection," of which, to the triumph of the skeptic in bacteriology, there are shown to be not a few. "Insanity and Diseases of the Nervous System in the Child-bearing Woman," is the subject of the next monograph. The author is James Hendrie Lloyd, A.M., M.D., of Philadelphia. The three concluding monographs are on "The Management and the Diseases of the Newborn Infant," by J. Lewis Smith, M.D.; "The Surgical Diseases of Infancy and Early Childhood," by Stephen Smith, A.M., M.D.; and Congenital "Anomalies of the Eye," by G. E. DeSchweinitz, M.D.

The above list in itself, will demonstrate the immense interest, comprehensiveness and value of this, the second and concluding volume of a magnificent work. All that we said in praise of the first part, we can repeat, with emphasis, of its successor. All that is newest and soundest in the obstetric theory and practice of today, will, in the "cyclopædia" as a whole, be found faithfully reflected. It is a work which no practitioner can afford not to own. Needless to add that the press work is beyond criticism.

PERSONAL AND NEWS ITEMS.

THE position of female assistant physician is now vacant in the Westborough Insane Hospital. Applications should be sent to Dr. N. Emmons Paine, Superintendent, Westborough, Mass.

THE annual class for complete course of didactic and clinical instruction in official surgery, will be held in Chicago by Dr. E. H. Pratt, during the week beginning September 2nd. For particulars concerning this private class, address Dr. E. H. Pratt, 56 Central Music Hall, Chicago, Ill.

DRS. SARAH S. WINDSOR AND FRANCES M. MORRIS, have removed from Hotel Berkeley to No. 157 Boylston street, nearly opposite. Dr. Windsor will continue, as heretofore, to devote herself exclusively to obstetric practice.

THE medical library of the late Dr. Frank L. Vincent is for sale, and a catalogue of the same has been prepared. Physicians can obtain a copy by sending to Mr. Robert H. Vincent, at Clifton Springs, N. Y.

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EDITORIAL.

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THERAPEUTIC SPECIALISTS.

HOMŒOPATHY AS A THERAPEUTIC SPECIALTY, is a somewhat novel and not unsuggestive aspect of a very familiar question. There are today but an uninfluential minority among homœopathic physicians who claim that homœopathy is the all of therapeutics ; by which we mean that the administration of drugs, selected on the principle of *similia*, is in itself all-sufficient, without adjuvant of any sort, for the cure of all cases of disease. The great majority of us recognize that to the healing of the sick, may go many therapeutic practices not distinctly homœopathic, nor indeed, having to do with drugs at all ; electric therapeutics, for instance, and hydropathic, and dietetic and mental therapeutics ; not to speak of our occasional employment, in obstetric and other emergencies, of drugs, to obtain their purely pathogenetic or "physiological" effects. We recognize and admit all this ; and yet we also recognize that the fact holds good of our employing drugs, in ninety per cent., at least, of all the cases we are called to treat, on the principle of *similia* ; and of our honest belief that this principle is the dominant and guiding one, in all drug prescribing. This being the case, why are we not therapeutic specialists, and how, in claiming to be such, can we be guilty of sectarianism, or of trading upon a name. The oculist, the aurist, the electrician, the alienist, and other specialists without number, have each the cheerfully acknowledged right to announce himself as following a particular line of work, and yet not renouncing his right to all the privileges, all the resources, and all the labors of the general physician ; why should the homœopathist — the therapeutic specialist — not have the

same right? There is thought to be nothing invidiously exclusive or sectarian about a Surgical Society, or an Obstetrical Society; why, then, should local societies for the study of a therapeutic specialty be stigmatized by these adjectives? All recognize the convenience of specialists designating themselves as such. The convenience of the homœopathic specialist designating himself as such, is a convenience amounting to a necessity. The intelligent layman, ill in a strange city, knows that for his malady of the moment, a "regular" physician, if summoned, would probably give him morphine, hypodermically; a homœopathic physician would give him some one of a half-dozen remedies, all of which the patient knows have power over his general condition, but among which he is not himself sufficiently skilled to choose, by differentiation, the one best adapted to his particular symptoms. Of adjuvants, both, physicians might choose the same; cold or hot compresses, or the like. But their therapeutic choice would differ widely, and knowing this, the patient can make an intelligent choice. By the homœopathic physician being known as such, he can be readily found by those who prefer being treated by that specialty of therapeutics.

It is puerile to claim that the treatment of the sick to-day is "practically" the same by regular and homœopathist, and therefore there is no longer *raison-d'être* for the latter title. Adjuvant treatment may be the same; surgical and obstetrical procedure be the same; but therapeutic treatment *cannot* be the same, by those who acknowledge the supremacy of the *similia* principle, and those who ridicule it. The homœopathist must, and has every right to write himself down as such. His was not the original quarrel with the "regular" profession, and his it is not to make overtures toward any friendly union with the "regular" profession; which aim, indeed, is not among his ambitions, further than in his recognition that for fellow-workers towards nobler ends, a friendly and mutually helpful attitude is more dignified, not to say mature, than is one of noisy recrimination and mutual spite. But should the two schools ever approach coalition, must it not be along some such line as we have roughly indicated—that of the claim for and recognition of homœopathy as a distinctive therapeutic specialty, whose prac-

tioners have the right of all specialists, to publicly announce and follow their chosen line of walk ?

EDITORIAL NOTES AND COMMENTS.

CONCERNING MENTAL HEALING, much has been said, from one standpoint and another, during the last few years, but too little has been said about that mental hygiene whose prophylactic action tends to make healing unnecessary. Physicians have, almost from time immemorial, recognized the intimate effect of the mind on the body, and the inevitable connection between mental health and physical health ; but too little scientific use has hitherto been made of this knowledge. Legitimate medicine owes an honest debt to the so-called "mental healers," for bringing afresh and imperatively to its notice many of the half-forgotten truths connected with this most important subject. Divested of mysticism, these questions of the mind's effect on the body, and of the habits and influences which go to promote mental health, are being more widely and thoughtfully discussed than ever before ; and by such discussion the physician's horizon is amazingly widened, and his power of doing good proportionally increased.

A valuable and highly interesting contribution to such discussion, is found in a paper on "The Health of the Mind," written by the well-known Dr. Benjamin Ward Richardson, read before the recent "Health Congress," in England, and reprinted in the July issue of the *Sanitarian*. In this paper he discusses, with characteristic force and lucidity, what mental health is, and a few of the influences which go to secure it ; such as mental cleanliness, tranquility, and the like. A very suggestive paragraph is that in his introduction, in which he says :

"We are conscious that the food of the body influences the health of the mind, as when we say of some unsuitable or indigestible thing, 'It has made me dull of mind, it has made me sad, it has made me irritable, or has in some other way affected my equanimity.' But we do not recognize with like readiness and in the same way, the effect of the foods of the mind on the mind and its health ; nor is this remarkable, for the body feeds perceptibly, and by one stomach alone, while the mind feeds imperceptibly, by five stomachs, by every sense, which is to it a veritable stomach from and by which it receives its aliment, be that good or bad,

and from which it is renewed and from day to day sustained. These foods of the mind entering the mental organization, the *camera nervosa*, largely, if not altogether, mould that organization into set form, according to its quality for moulding. They are so like the touch of the sculptor on the clay, that to a great extent all men and women born, shape their mental surface according as they are led to give it form and shape. I could not, if I should search for years, find a better simile. Common foods and drinks that make the matter of the body, must be healthy in order that the body may be so; and the impressions which enter the body by the senses, the foods and drinks of the mind, must also be healthy in order that the mind may be so. Granting, therefore, that the substance is good, and the moulding or modelling good, all will be good; there will be the *mens sana in corpore sano*. The sanitarian, when he is looking after the pure things out of which the body shall be constructed, the pure food, the pure drink, the pure air, the pure warmth, is fulfilling the physical part of his duty. Whenever he is taking care that with the materials for construction no evil or deleterious thing shall enter, he is performing his legitimate part on the physical side. He is preserving the material of life from physical contamination; he is giving to the bodily form its perfect shape and qualities. To complete his task he must add to his studies the study of the health of the mind."

If the sanitarian is bound to study into the effects of the various "foods" presented to the mind, for reception into some one of its five "stomachs;" then so, a thousand fold more, is the physician. We realize more vividly with every year, that when called to a case of disease, we have in our charge not merely a body, but an entire human being; and we are bound to treat not only a disease, and not only "symptoms," but the patient as an entity — and thus we are bound, so far as in us lies, to have at command all influences which may tend towards the restoration of health, both drugs which act through the body, and suggestions from many sources which act through the mind; and we are bound to cultivate, side by side with the skill and memory which select an appropriate drug, the perception, tact and discrimination which select the appropriate influences to be brought to bear on the mind of the patient. The effort to do this establishes a far higher ideal of the functions of the physician, than can be otherwise attained. The reaction of such effort upon the physician himself, is most healthful; keeping him sensitively within touch of much which it was once felt that a physician could safely neglect and forget, and inspiring him with the certainty that no observation of fact and no branch of culture can fail, sooner or later, to prove of use to him in the direct line of his work. Thus, with such a physician, side by side with a pre-

scription of *ignatia*, for the depression resulting from grief and loss, will go a suggestion of the reading of some hopeful and comforting book — Mrs. Oliphant's "A Little Pilgrim," let us say — which shall help to raise the thoughts from despair to calm ; and the recommendation to listen to lofty music ; and the suggestion to banish, from the home at least, the heavy "tokens of woe," which often have in themselves such power of gloomy reaction, and for health's sake admit sunshine and flowers, and have as few outward signs of mourning about home and person, as are consistent with respectful observance. This is but a single and fragmentary illustration of the endless therapeutic possibilities which reside in a physician's sympathetic application of a knowledge of books, of music, of the power of color, to the healing of diseased condition through the avenues of the mind. So vast is the subject, that "mental healing" on a scientific basis, will be seen in itself, to be a specialty worth cultivating. And if a physician grow humble in the realization of how far short, in a single lifetime, he must fall, of realizing such an ideal of his profession, the humility thus engendered is a most solid foundation for usefulness to his patients, and growth for himself.

TWO THERAPEUTIC USES OF WATER are, while many others are mentioned, dwelt upon earnestly and at great length, by Dr. Baruch, in a paper printed in a recent issue of the *Dietetic Gazette*. These two uses, are in cases of chronic dyspepsia and gastric catarrh, and in cases of typhoid fever. In the first instance water is employed for irrigation of the stomach ; in the second, as a bath, for purposes of antipyresis and reflex stimulation. In both instances, the results claimed, and supported by sound theory and trustworthy clinical statistics, are of so remarkable a character as to demand the physician's most serious consideration. A procedure which has power to reduce the mortality of typhoid fever to a trifle over seven per cent. — a procedure which, in Germany and France, is rapidly supplanting the "fatal expectant treatment," as Dr. Baruch strongly characterizes it, — is a procedure which every progressive practitioner is bound to study into, and whose results every conscientious practitioner is bound to compare with the results of whatever

method of treatment is in use by himself. We quote, commending them to our readers' serious consideration, selections from Dr. Baruch's paragraphs on the two uses of water, as referred to, above :

When a case of chronic dyspepsia presents itself, it is my custom to bid the patient eat a full meal at 12.30 P.M., and present himself at 5.30 P.M., for irrigation of the stomach by tepid water. A long, soft rubber tube with open end, and one eye near the latter, is introduced into the stomach. There is more or less gagging, and in some patients considerable struggling under the apprehension of choking, but, as a rule, this may be overcome by reassuring the patient. I have failed twice only in several hundred efforts. The lower end of the tube being moistened with water, is introduced to the back of the pharynx, and while the patient is asked to swallow, it is gently pressed backward and downward. The obstruction in the upper pharynx being overcome, there is no difficulty in introducing the tube to the mark usually found upon it. The patient, being again reassured, he is requested (in the absence of an assistant) to hold the tube near the open mouth, and in the event of vomiting, to bend forward and permit the water to pass out of the latter. Through a funnel about a pint of warm water is poured into the stomach. Before this has entirely disappeared from the funnel, the latter is lowered into a basin and the water is siphoned out. It will often happen that particles of undigested food will obstruct the tube. More water must be poured in or the funnel raised higher, to increase the force. Occasionally it may be necessary to withdraw the tube, in order to clear it. The stomach should be thoroughly washed, even if a gallon of water be required, but no larger quantity than one pint should be introduced at once. If the water does not return, a deeper insertion of the tube will facilitate the flow. The washings are now carefully inspected, when it will be readily discovered what portions of food have remained undigested. Thus a perfect clue is afforded the physician to the actual digestive powers of the patient. If the washings contain mucus, it is important to distinguish between stomach and throat mucus. The former is a thick, tenacious, brown mass, which floats upon the surface of the water like the scum on the surface of a pond; the throat mucus is thin, transparent, stringy, and may be more abundant, being the result of irritation by the tube of the pharynx and œsophagus. The quantity and quality of the stomach mucus indicate with some accuracy the condition of the gastric mucous membrane. Its rapid or slow disappearance under renewed irrigations and treatment, indicates the character of the disease affecting the mucous lining. * * * * *

In these cases, also, a most valuable element is the internal administration of hot water before meals. This measure, now almost become a popular craze, to whose origin reference has already been made, is receiving more appreciation from the profession. But like other hydropic procedures, its efficiency depends upon attention to details. The originator of the method recommends the administration of half a pint to a pint of water as hot as can be sipped, one hour before each meal; the object being to remove mucus and fermenting material from the stomach, and thus enable it to perform its function unhampered. The correctness of the theory is demonstrated by clinical data. A half-pint of hot water, slowly and deliberately sipped not less than half an hour before one or all meals, as the severity of the case may indicate, will be sufficient, provided the stomach is occasionally irrigated with luke-warm water five hours after a meal. If the diagnosis be correct, there is

no medicinal treatment nor physiological aid by acid or pepsine, which can approach this simple cleansing of the mucous lining. That the hot water does remove the mucus, I have demonstrated by the experiment of washing the stomach half an hour after it was drank.

The cold water treatment of typhoid fever, as urged by Brand, and for which such remarkable success is claimed, is detailed as follows :

The method of Brand is very simple. So soon as the patient's temperature reaches over 103° F. in the rectum, a tub is to be placed near to his bed, and filled with water at 65° F. Into this the patient is gently laid, and while the body is gently chafed to prevent extreme chilling, he is kept submerged for fifteen minutes.

On being removed, patient should be wrapped in a heavy linen sheet, the extremities dried and wrapped in blankets, and a stimulant administered if necessary.

The method I have personally used with marked success is less alarming to the patient and friends, and will do better to begin with, but it does not yield the same marvelous results as the vigorous cold bath treatment. The graduated bath is used by Liebermeister, Ziemssen and others, as follows : When the rectal temperature goes beyond 103°, a tub is placed adjoining the patient's bed, half filled with water at 90° F. While two assistants gently rub him, the temperature of the water is gradually lowered to 68° F., by removing the warm and adding cold water near the lower extremities. He is retained in the bath for twenty minutes, or until decided chilliness with chattering of the teeth ensues. He is now removed to a bed, wrapped in a sheet and dried. It cannot be impressed with too much emphasis, that the manifestations of approaching collapse, while the patient is in the cold bath, are more apparent than real ; that they are due, as above stated, to the narrowing of the peripheral vessels, and not to shock ; that the pre-existing high temperature insures a speedy reaction so soon as the patient is removed from the bath. The apprehension excited by the pallid appearance of the patient and his small pulse, must not induce a too early removal from the bath. One or two repetitions of the latter will embolden the patient to greater persistence, and remove the timidity of the attendants. The patient should be subjected to the least possible motion, and the bath must be properly adapted to his condition. The bath is to be repeated as often as the temperature reaches 103° F. in the rectum. It is more agreeable than the complete cold bath, and will be more readily acceded to by the patient and friends, but it requires a longer duration, not less than fifteen and not more than thirty minutes. Ziemssen claims that the same effect may be obtained as from the more severely cold bath, if we individualize the temperature according to the robustness of the patient and the type and stage of the disease. It should be remembered always, that the object of the cold bath is not only antipyresis or heat reduction, but also and chiefly the reflex stimulation of those centres of innervation in the central nervous system, which preside over the organic functions. A rapid cold bath will excite these reflexes more effectively than a gradually lowered bath.

Prejudice against the cold bath must be overcome in the presence of such positive evidence as has here been adduced in its favor. One thing is always to be remembered, and to be impressed upon the lay people, viz.: that it is a fact, well established by repeated observations, that no damage can be done the patient by lowering his temperature, either suddenly or gradually, provided it is not reduced below the normal standard. The cold bath is not contra-indicated by lung complications or heart feebleness, unless extreme; but it should be withheld when there exists considerable hemorrhage, peritonitis or perforation.

To sum up the advantages of the cold bath treatment, it may be truthfully said with Juergensen, that the whole improved aspect of the case is its best recommendation; the heart is invigorated, if it be begun early, and all those complications due to a loss of its force, as hypostatic congestions, thrombosis, cardiac emboli, pulmonary œdema and collapse, are avoided. There is less delirium and sleeplessness, less stupor, less parenchymatous degeneration of important organs, fewer cases of bronchitis, pneumonia, infarction of the lungs, decubitus and parotitis; the appetite is improved, digestion promoted, ulceration of the infiltrated intestinal glands and hemorrhage are prevented. Indeed, the powerful effect of systematic bathing may, as Brand justly claims, be compared to the healing of wounds under the Lister treatment. Like the latter, it is intended as a preventive rather than as a curative treatment, and it will effect its beneficent purposes precisely in the same manner, viz.: just in accordance with the completeness and earliness of its adoption.

THE NEW "ELIXIR OF LIFE," which Dr. Brown-Séquard claims to have discovered, and of which the daily press favors us with almost drolly respectful accounts from time to time, is something that suggests mediæval astrology in its most aggravated form, and inspires doubts as to whether, after all, the world does move. It is quite beyond imagination that the discoverer of this mighty agent for human rejuvenation, should announce his discovery otherhow than from the door of a dark cave, clad in robes bordered with strange, cabalistic characters, and with a black cat perched on his left shoulder. Like his predecessors, the astrologers, he favors the world, as far as ascertained, with no explanatory principle, but merely with a statement of performance and effect.

It is odd and pathetic enough to see how eagerly every item concerning this obscure discovery of the new fountain of youth, was absorbed and discussed by a public which so evidently hid a trembling hope behind an incredulous smile. There have been found but a few sane and brave enough to ask,—granted that all these fine, strange promises are true,—*cui bono?* Is practically endless life among the limitations of a world like this,

a thing to be gratefully sought? Would we exchange *la curiosité de la mort* for the certainties which we know to be mixed with so much sorrow, and so many hints of great possibilities, which yet are seen to be possible only under larger, other conditions than this world can afford? It would seem that he who would accept earthly immortality, must be not remotely of like nature with the guinea-pig, in whose "living tissues," he seeks the charm with which that immortality is to be bought.

There is an old ballad which tells of a city within whose walls was, by some gift of the gods, guaranteed safety from death. And many journeyed thither, and of them all, "never any died." But one by one, the ballad says, the people of the city learned that

"For the weariness that comes of living,
There is no cure but death;"

and having learned it, they came creeping, one by one, out through the city's gate; and peaceful graves grew green.

Perhaps those who rush most eagerly to avail themselves of Dr. Brown-Séquard's promises, would sooner or later seek the open door, nor linger on its threshold to bless the name of the discoverer of the new elixir of life. But indeed we have haunting fears, from the information received up to date, that in the course of their enthusiastic experiment, they may be pushed, quite unexpectedly to themselves, over the threshold of the door, *per* guinea-pig's tissues and septic infection.

COMMUNICATIONS.

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DIPHTHERIA.

BY W. K. KNOWLES, M.D., EVERETT, MASS.

A disease which carries off fifty thousand persons annually in the United States alone; which has a death rate exceeded only by consumption and pneumonia, cannot be too carefully studied, and all information possible should be obtained in regard to it. In this paper I do not propose to enter upon the history, pathology, diagnosis, prognosis, or treatment of diphtheria, but merely to present some ideas in regard to its origin and prevention. I am aware that there are physicians who do not believe the disease originates in unsanitary conditions, and there are also those who claim it is not contagious. Probably those who now hold either of these opinions are few in number, as investigation has proven them erroneous.

Having made something of a study of sanitary matters for several years, whenever a case of diphtheria, or other zymotic disease comes under my observation, I have sought to discover the cause, and I have seldom failed to find it in polluted air or water.

Some fifteen years ago, in the earlier days of my practice, I recall to mind an unusually severe case of laryngeal diphtheria that I succeeded in curing only after a desperate fight. The circumstances are distinctly impressed on my mind, as a child had died only a few days before, in the next house, of the same disease, under the care of an older physician of another school. The mother of the deceased child, and the neighbors, were watching closely to see if the young doctor would have any better success. Owing to the severity of this case, and the fact that there had previously been a great deal of sickness in the house (occupied by two families), I began to think there must be something wrong about the premises. I investigated, found there was no cellar, but that all the house drainage was discharged on the surface of the ground, and ran under the house. I notified the proper authorities, a sewer was laid in the street, and the house drainage of this and other houses conveyed away therein. There was an immediate and marked decrease in the amount of sickness in that neighborhood.

I learned a lesson from this affair on the importance of looking after sanitary matters; which has always been of service to me.

For the past year and a half I have been a member of the Board of Health of this place, a village of about nine thousand inhabitants, and although it has imposed upon me some unpleasant duties, it has given me an opportunity of obtaining facts in relation to the origin of certain contagious diseases. Since I have been on the Board, I have made an examination of the premises, so far as possible, where cases of diphtheria, scarlet fever, and typhoid fever have been reported, and have kept a record of the result of my investigations. During one year diphtheria was quite prevalent; 173 cases were reported. Of this number, 111 were plainly attributable to unsanitary conditions. Fifty-five of these 111 cases occurred in houses where there were no traps in the sink drains, which of course admitted sewer gas into the house from the cesspool or sewer. Twenty-six of the 111 died (23.42 per cent.) Thirty-four cases were caused by contagion; 8 of these died (24.70 per cent.) The other 29 cases are put down as cause unknown; 2 of these died (6.90 per cent.)

Doubtless a closer investigation might have revealed sufficient cause for the disease in many of the places where these 29 cases occurred. I inspected but few of these places myself, but I

know some of them are in localities which have since needed attention to put them in proper condition.

In comparing notes with members of the Boards of Health of several neighboring towns, where close inspection has been made, they inform me that in a great majority of the cases of diphtheria, the cause has been found in neglected or ill-ventilated cesspools, filthy vaults, and untrapped sinks.

Some years ago I recollect talking with a physician, who was inclined to believe the cause of diphtheria to be unknown. He said he had at that time two or three very malignant cases where the premises and surroundings were perfectly healthy. The house was situated on a hill. It was midwinter; snow covered the ground and the air was pure as possible. I told him I believed that careful investigation would reveal sufficient cause for the presence of the disease. Some time afterward, meeting him again, I inquired about the matter, and he informed me it was found that the well was contaminated by soakage from the barnyard.

In many country places the well is in too close proximity to the outhouse, barnyard, or the drainage from the sink, and becomes contaminated thereby. The house drainage is allowed to stand upon the surface of the ground, becoming a source of sickness, and the sinks are frequently left untrapped. I believe a frequent cause of disease, especially in cities and villages, is the presence of sewer gas in houses that have been unoccupied for some time, either from the family being away for the season or some other reason; the water in the traps evaporates so that they become unsealed, and the house is in direct communication with the sewer or cesspool, thereby becoming thoroughly infected. How often do we find cases of diphtheria occurring in the fall, after the family have returned from a residence at the sea shore or elsewhere. We may fail to discover any filth about the premises, or any defect in the plumbing, but nevertheless the house may have become impregnated with sewer gas. It takes but a short time, especially in hot weather, for the water in a trap to evaporate, and a house should not remain unused for any length of time, without making provisions to have the supply of water in the traps renewed occasionally, or tightly sealing up all the openings to the waste pipes. The former plan is the better, for it is difficult to carry out the latter. When a house becomes infected, the sewer gas clings to the walls and furnishings a long time, and only a thorough disinfection will render it safe to occupy.

This leads me to say that I firmly believe in the efficiency of reliable disinfectants, in preventing the spread of diphtheria. Nothing but odorless disinfectants should be used in the sick room, and said room should contain only *necessary* furnishings.

Upon death, removal, or recovery, the room should be well fumigated with sulphur, and its contents disinfected. In places where there are Boards of Health, this is generally made obligatory. Where there are no regular or efficient health officers, physicians may be of great service to the community, by inspecting premises where their services are required, and also by proper means preventing the spread of the disease.

Sanitary science is fortunately receiving more attention from physicians and educated people than formerly. It is now taught in many medical colleges, and should be in all. Physicians should study how to prevent, as well as cure, disease, although their efforts in this direction are often unappreciated.

It is an established fact that many diseases are to a great extent preventable, and I trust the time will come when if sickness or death is caused by a person's system absorbing a large quantity of sewer gas or other filth, people will not talk about a "mysterious dispensation of Providence," but lay the blame where it belongs.

REPORT OF THE DIRECTORS OF PROVINGS

(STANDING COMMITTEE OF DRUG-PROVINGS) OF THE AMERICAN INSTITUTE OF
HOMOEOPATHY, SESSION OF 1889.

BY CONRAD WESSELHOEFT, M.D., CHAIRMAN.

The work of the Directors of Provings has been directed toward the testing and analyzation of a large number of provings which were reported at the last meeting of the Institute, at Niagara Falls. Such provings have from time to time been printed in the Transactions, or in separate copies, ever since the beginning of this organization, so that an enormous mass has accumulated. A great part of these provings has been transferred to various works on *materia medica*, and always under the timehonored rule that all records of provings must be accepted as the unimpeachable and correct result of drugs thus tried by provers.

It has always been the desire of the profession that some method should be devised for separating in provings, the true effects of drugs, from those which might be wrong or doubtful; but no method was ever adopted, or if devised, it was never thoroughly tried, and failed because the fault lay in the test itself. The most popular method was that by clinical verification, by which means the "wheat was to be separated from the chaff," as the phrase has always been. But this, though it has added

some "verified" symptoms to the materia medica, still leaves room for too much doubt, and has numerous objections. According to this method, physicians have not worked in concert, because they used totally different preparations, and doses; neither were their "verifications" properly tabulated, so that one could not judge whether a symptom of a proving was verified at all, whether once or oftener. Tradition and hearsay played too great a part in it. Symptoms from high and low dilutions were "verified" indiscriminately from "cured" cases, which, as has been customary in medicine in general from time immemorial, were mostly selected cases, of more or less striking kind. Furthermore, as it is impossible to determine *a priori*, what portion of a proving is trustworthy, and what is not, those trying the method of clinical verification, had to experiment blindly with the unreliable material at hand.

If cases recovered, the drug effect or "symptom," peculiar to the case and the drug, was said to have been "verified," and was printed in more or less conspicuous kinds of type in repertories and text-books; if the case was not cured, nothing was said about it; and finally, the curative effect was accredited to that drug, after which the case recovered. In this method of verification, the well known and acknowledged observation was disregarded, that diseases recover without medicine very often, while hitherto verifiers had proceeded on Hahnemann's idea that all symptoms following the taking of a drug-dose, proceed from it, and consequently that all cures following a drug-dose, are the results of the medicine given, and of nothing else, only trifling cases being supposed to recover without medicine.

It is upon these assumptions that a vast materia medica has been compiled, and a vast amount of clinical material is supposed to have been verified — an error which it will take a great many sessions of the American Institute, to understand and to correct.

These are, very briefly stated, some reasons why clinical verification is unavailable. Your chairman has, therefore, endeavored to elaborate a plan, embodying certain principles, which if thoughtfully and conscientiously applied, will assist greatly in determining the value of a proving, and will furnish the practitioner with drug pathogeneses, which if not absolutely true and correct, will at least have been released from much bulky and valueless verbiage, and unreliable "symptoms." *

With a view to this end your chairman has supplied the members of this committee of Directors of Provings, with a condensed set of rules and suggestions, which are as follows :

* See NEW ENGLAND MEDICAL GAZETTE of December, 1888, and publications of the Massachusetts Homœopathic Medical Society of that year, containing an elaborate report on this method of critical analysis, with illustrative charts.

RULES AND SUGGESTIONS ACCORDING TO WHICH PROVINGS ARE TO BE TESTED
AND ANALYZED IN REFERENCE TO THEIR VALIDITY.

Condensed from an article in the NEW ENGLAND MEDICAL GAZETTE of June, 1886. "Our Methods of Drug-Proving," by C. Wesselhoeft, M.D.

In order to accomplish our object we should aim at the introduction of a method which shall make no invidious distinctions between, or admit of any *a priori* assumption as to the validity of provings. The method proposed shall be alike fair in its judgment of high, or low, potency provings; it has not to determine whether the drugs used were properly prepared or what their nature was; it has little to do with the health or the temperament of provers, for if the leading principles of the method as stated below are followed, the result of the examination of a proving will undoubtedly determine its practical value.

What we want to discover in a proving is whether the symptoms recorded are due to the drug. The future general acceptance for which we hope of the principal S. S. C. depends entirely on correct methods of proving. The following principles should guide the proving of drugs:

Certain causes acting under like conditions always produce the same effect; and hence conversely, if we are seeking for causes, the rule will be that widely varying effects are not to be attributed to the same cause.

A proving properly made—that is, a carefully conducted, test under methods which avoid error by varying the experiment—will invariably exhibit the same result upon repetition; if with each experiment by different provers, the result *varies*, it cannot be attributed to the drug taken,—(if "like causes produce like effects.")

Although provings upon the human organism may vary slightly in different persons, and although a certain latitude may be allowed them, it is far safer to apply the rule in its literal meaning than to endanger the sick by ambiguous interpretation of provings or their doubtful results.

Cause experimental tests (provings) to be as numerous as possible. The number cannot be arbitrarily determined. But in order to accept the results as valid, insist that the observations and records of experimenters, individually and collectively, shall manifest distinct congruity in sense and meaning; if they do not manifest such congruity, they shall be excluded as useless.

Next to the above rule concerning the value of congruent symptoms, the definition of *value* is embodied in the following rule:

Each drug when tested upon the healthy organism, is capable of producing a distinct and peculiar series of effects, which serve to distinguish each drug from others; but the records of a proving shall not be considered as resulting from and peculiar to the drug unless they are recognizable as distinct signs of disease (pathological) and unless they indicate some recognizable class of pathological states (diseases).

A considerable number of extensive experiments show that the normal human individual is usually capable of manifesting a large array of deviations which are not of a morbid or pathological nature; these must be distinguished from the true pathological deviations, if provings are to be of value.

The critical examination of provings, whether made by the prover in person, or others, should be conducted according to the above principles, and we now propose to apply them for the first time. The object will be to compare the records of each prover with those of the others, and then to accept those effects only which are corroborated by a majority of tests, of which there should be no less than seven or nine.

(A.) These provings should be by different provers, as the same prover is apt to have the same symptoms of whatever he is proving.

(B.) We should in making these comparisons, unhesitatingly omit as useless everything which does not agree in sense and meaning between different provers, as it is *uncertain* and misleading.

(C.) We should not keep any symptoms which are doubtful; it is far better to omit a few paltry effects which might have been due to the drug, than to admit thousands of a doubtful nature. Why account for them at all? Let us keep only that which according to our best knowledge is correct.

In the special method of critically examining a proving, it should be left to each critic to find his own technical method. But the following is proposed as a guide:

Suppose we were to examine a proving, take those of *Gamboge* in the *Cyclopædia of Drug Pathogenesis*.

1. Read the whole through carefully.
2. Copy on narrow strips of paper, about three inches wide, the record of each prover there given,
3. In such a manner as to arrange the symptoms in order according to the parts of the body: Head, throat, stomach, etc. This is for comparison.
4. Having done so, place the strips side by side so as to bring the parts to be compared in a horizontal line, and then pass judgment as to whether they agree in the different provings or not.

The conclusions to be drawn regarding the value of a proving rest upon the pathological knowledge and experience of the critic who is to bring unbiased judgment to bear upon the work of others. The critic should not yield to a fear of eliminating too much; great volumes of dross are often to be thrown away to secure a single grain of gold, and this had better go with the dross if inseparably alloyed with it.

5. If we find, *e. g.*, the head symptoms of provers A, B, C, D, to agree, we should consider them valid, though E might vary slightly.

6. If they should all be different, vague and uncertain as to pathological meaning and expression; for instance, if those who record head-symptoms all differ, while others record no such symptoms, the whole should be excluded, *i. e.*, designated as valueless because uncertain.

7. All parts of the body should be compared in this way if possible. If the proving, however, is very voluminous, consisting of the records of many provers, 10 or 20, or more, the writing out of all parts would take much time. Although this should form no excuse, the time of the committee is limited, and therefore labor can be abbreviated by comparing only two or three of the chief parts of the body, say head, chest, abdomen.

8. Or, if on the first careful reading, it should strike the reader that there are certain parts repeatedly and obviously being referred to by the provers, let these be the subject of comparison.

These suggestions can be modified, abbreviated or extended by each critic of provings. But the chief object of doing such work is to test carefully what we already have got, before we go on increasing it in bulk. It is proposed, furthermore, that this committee prepare a number of such critically examined provings as examples of what can be accomplished in this way. Other societies will appoint committees to do the same, and with comparatively little work we shall be able to place in the hands of our students and practitioners a rationally verified *materia medica*.

9. Use only original provings, giving name of prover, drug and dose given, and dates accurately stated. Allen's *Encyclopædia*, and Hughes' *Cyclopædia of Drug Pathogenesis* are recommended.

With reference to the foregoing rules and suggestions, a few explanatory remarks are in order. If, according to Hahnemann, all symptoms are due to the drug tested by the prover (see Organon, §§ 136, 138), it follows that even if a great diversity of effects is recorded by many provers, all such effects should be considered as due to the drug.

While the rule concerning like causes and like effects, still holds good, a certain latitude may be allowed; for a great number of conscientious provings by different individuals, exhibit a certain degree of divergence in details, while in all good provings there is a strong agreement in the main features, *e. g.*, the head and eye symptoms of belladonna, and the spinal symptoms of *nux vomica*.

Yet there is a limit to the admission of divergent and incongruous effects. If, for instance, fifty provers should all have

different effects to record, are all of them to be attributed to the drug? Deductive reasoning from experience regarding causes and effects, decidedly calls for a negative answer against such an assumption, because the most liberal construction of the rule of causes, determines that at least a majority, say of thirty out of the fifty provers, should have like effects. Failing in this their records ought not to be admitted as valid.

This at once illustrates the error arising from small numbers of experimental tests or provings. If we have only three or five which do not agree in pathological sense or meaning, it would not follow that ten or fifteen might not exhibit sufficient congruity; yet this would be a mere assumption without the actual experiment.

All careful scientific experiments should be numerous, to demonstrate the simplest fact; hence it is most desirable to avoid encumbering our materia medica with fragmentary provings, as well as to omit everything incongruous, while we retain only that which agrees to all intents and purposes, and to the best of our knowledge.

Another argument for the admission of too much testimony which does not agree, has hitherto been derived from the custom of accepting the most discordant and contradictory, as well as vague and meaningless records. The argument seems to have been, that because hitherto a great many provers have recorded very discordant results, it is assumed that provers ought to differ, thus entirely misinterpreting and subverting the meaning and intention of Hahnemann.)* The study of provings, and, I might say, of provers, will soon convince the inquirer that the reason why too many provers of the same drug differ, is not because the drug produced so many different effects on different persons, but because it produced none, and because provers had nothing to record but their individual temperaments, which differ like features and form, color of eyes, hair and stature.

Some say these are idiosyncrasies which must be religiously recorded and preserved, as "contingent symptoms."† Some earnest study and conscientious reflection will lead to the conviction that what we want is not contingent symptoms, idiosyncrasies, or individual peculiarities, *but we want that, and only that, which is common to all*. When the time has come for us to know that tolerably well, it will be in order to consider contingencies. For the present we have a good half century of work before us to get at the most reliable common facts, to say nothing about individual peculiarities.

* See Organon, as quoted above.

† See NEW ENGLAND MEDICAL GAZETTE, April, 1889. Communications on the Critical Analysis of Drug Proving.

Another principle of these studies, in which the reported rules and suggestions may serve as guides, is that they will encourage each practitioner to make his own repertory. There has always been too little of this, and the study of the *materia medica* has suffered from the too great dependence of the many, on the enterprise of a few, to furnish them with plausibly written repertories and easy methods of obtaining success and fame. It can be said that none of these repertories and compilations of *materia medica* relied greatly upon original sources. If they had done so, they would not have copied error upon error, uncertainty upon uncertainty; as it was, they not only copied these, but assiduously multiplied them by adding statements and interpretations, generalizations, and sensational guesswork, under the deceptive name of "key-notes." This is easily proved where a compiler honestly stated his sources, or "authorities;" but there are a number who shall be nameless, who did not even deign to inform the reader who their authorities were, following a mental process something like this: Hahnemann was a great authority; I follow Hahnemann; hence I too am a great authority.

Time has changed all this. The work of Allen, and that of Hughes, both laying bare the sources of our knowledge, open to us a new way, that is the *critical analysis of drug pathogenesis*. Henceforth, no one will be dependent on the bookmaker, but will be enabled to study for himself.

CRITICAL ANALYSIS OF PROVINGS BY THE CHAIRMAN.
CHININUM ARSENICOSUM.

Here we have thirteen provings, by eight provers, which by means of a chart, we are easily enabled to compare as to their value. If congruity is the aim of good provings, we regret to find little of it in this proving, which we have selected as a remarkably good sample of the average of provings in general.

The simplest plan is to apply first the numerical test, to see how many provers had any effects; in a general way such effects are quite numerous in regard to head and mind symptoms. The 1x. trit. in records 1, 2, 3, and 7, was apparently most prolific. Provings of the sixth trit. and dil. are prolific enough in one prover (M. R. A.), but not concordant, while records 8, 10, 11, 12, and 13, are barren of all effects after the sixth dil.

Let us now examine them with reference to their agreement in words and meaning (congruity and concordance), and we shall see that—eight provers record head and mind effects, while five record no such effects, in fact very few effects of any kind.

Reading the records from left to right (or vice versa), for the purpose of discovering their congruity and concordance in meaning, we find that four provers have: Dull, sore feeling, or dull

pain, also described as fulness, differing in the localities, being in forehead and occiput, in left temple, and cerebellum.

Only two had sharp pain.

In regard to mental symptoms, we see that there is greater discrepancy than in the painful sensations: Tiredness in the morning, exhilaration during forenoon, after one drop of the sixth dil. Another has nervousness and lightness of head; memory seems impaired (in a prover who has seminal emissions.) From records eight to thirteen, there are no mind-symptoms recorded.

The *nose* was very badly neglected by this powerful drug, which touched upon that part of the body of only one prover out of eight, who made thirteen provings. This occurs in proving six, while proving seven by the same prover, is the only one recording an effect upon the face and jaw, uncorroborated by any other prover.

In regard to *gastric disturbances*, the susceptibility of provers seems very different than with regard to their susceptibility for head symptoms. Here we have six records of gastric effects, by four provers. M. R. A. records effects from the sixth trit., not from the sixth dil. E. B. F. records effects from the sixth dil., and from the first trit. J. R. notes one gastric symptom from each of two provings of one dose of the sixth dil. I. J. H. records some effects in a second proving of ten drops of the sixth dil., while a one drop dose refuses to respond. The prover of the thirtieth records no effects.

As far as it goes, there is some concordance and congruity in these gastric symptoms, such as thirst and dry throat in three records, by three provers, against ten records by five provers, whose negative testimony cannot be wholly ignored in this, nor in any case of what should be a more perfect proving. But later on we will sum up what might possibly be accepted as valid, leaving it to the reader to judge for himself, according to the analyzed testimony we here offer.

Under the heading of *effects upon the bowels*, seven records are given by six provers, who agree quite well in the main, and these effects followed the trial of the 1x. trit., four times, and sixth dil. in two instances. It is to be remarked that the greater congruity occurs in the trials of the 1x. trit., and ten drops of the sixth dil., while the record of symptoms of No. six, following one drop of the sixth dil. for three days, though seemingly confirmatory of the preceding, are too slight and vary too little from the normal state, to count for anything.

The characteristic effects of this group, are urgent desire for stool, sudden and violent, with discharge of blood and mucus.

This occurs in four out of eight provers. Thin, watery, dark, painless stool, occurs twice only.

Comparison of the symptoms of the *respiratory organs*, exhibits but two records, one occurring in the first proving of two drops of the sixth dil., by E. B. F., who recorded effects on the fourth day, from so slight a dose, while he failed to get any effects from three trials of the 1x. trit. This is not sufficient evidence of the validity of the first record of this prover.

The next and last prover who records symptoms of this group, is No. 9, (J. R.), who made three trials of the sixth dil., taking only one drop each time. He failed to get any effect in his first and third proving, while in the second he records a perfect attack of laryngeal catarrh, lasting him five days.

As these symptoms are much too severe to be attributed to a single drop of the sixth dil., and as they are uncorroborated by any of the seven other provings, and as thirdly, his symptoms differ from those of E. B. F., we must set them aside till they are confirmed by other testimony.

The symptoms of the *urinary and sexual organs*, are so few that they admit of being grouped together. They consist of three records by two provers, T. L. M. and M. R. A., (Nos. 3, 4, 5, of the chart.) Inasmuch as the former has made a comparatively heroic proving, we may accredit to him the nocturnal *rising* to urinate, the burning ache of bladder and urethra, while on the whole we should, from certain practical observations, be cautious of our interpretation of nocturnal emissions, to which over-sensitive young men are subject.

Of *skin-symptoms*, only one prover of the eight has a record; see by the chart how easily the inadequacy of this part of the proving is recognized; a long list of skin-symptoms in the first column at the left, and a great blank space at the right of it. This proving could be set aside for further confirmation, were it not for the constitutional habit of the prover to have these very skin symptoms at ordinary times. To excuse the admission of such symptoms by asking: might not the drug have called forth an attack, or might this be an idiosyncrasy or "contingent" effect of the drug? appears to us as begging the question, and as insufficient reason, lacking all the essentials of evidence and proof.

Muscular pains of limbs and joints, are recorded by four provers in five provings. Soreness in the left side, and pain like pleurodynia, are mentioned in three provings, twice by the same prover (No. 5). The scapula, triceps, brachialis, and the instep, are all mentioned as participating in the rheumatic pains, resulting twice after the sixth dilution, and three times after the

ix. trit., which produced the fewest effects in the prover who took it most frequently, (E. B. F., No. 6.)

The affection of the *heart and circulation*, are recorded five times, but bear internal evidence of being merely those sensations which are observable in ordinary health, and are not congruous enough to warrant the conclusion that they resulted from the drug.

The examination of symptoms to determine their *pathological value*, will throw some light on the method of proving, and increase our caution in accepting so-called symptoms, merely because they are recorded and printed, and such examination may prove that we were too liberal in admitting some of them, merely because they were numerically strong.

For this purpose it will be best to read the columns down vertically.

Passing by the head symptoms of No. 1 as tolerably well marked, we encounter no effects until we read: Desire for stool relieved by passing flatus. This is too insignificant, pathologically speaking, and should be omitted.

Following the column further down, we encounter nothing more until we arrive at the skin symptoms, which are normal to the patient in health, and could safely be omitted, as well as the slight palpitation mentioned last.

While in ordinary health, we expect no pathological signs from severe work and exposure on stormy days, from coffee or rough riding, from rapid changes from warm rooms to an atmosphere eighty degrees colder, writers have not hesitated to attribute sensations, ordinarily unnoticed, to a single dose of a high dilution of a drug, and even when such slight sensations were noticed a fortnight after the drop was taken. In ordinary health we expect the normal power of resistance of our bodies, to repel and overcome successfully, very powerful causes, while in proving drugs, we ignore this power of resistance altogether, as non-existing.

Prover No. 2 (C. W. B.) records only two symptoms. For liberality's sake allowing the "dull pain in left temple" to stand, in order to preserve the concordance of that group, we are less liberally disposed towards the symptom, "bowels inclined to be constipated," although two other provers, (3 and 10) have it. But prover No. 3 (T. L. M.), was more thorough, and was rewarded by effects which approach more closely the meaning of the word "symptom," of which he records three groups, all more or less pronounced, and bearing internal evidence of some morbid condition.

M. R. A., who furnished provings 4 and 5, does not agree

with himself very well. Once he took two grains of the sixth trit., and some days later two drops of the sixth dil., for a second trial. In the first proving he awoke once "tired," and felt "exhilarated in the forenoon;" in the second proving he was nervous, and sometimes cross; at night he had seminal emissions. Such effects, to deserve immediate record at the hands of the printer, should be more frequently corroborated by unimpeachable testimony.

E. B. F., like T. L. M., is one of the pillars of this proving, not alone because he took repeated doses, but because he has more marked effects, and agrees with his fellow provers in the kind and intensity of symptoms recorded in his second proving, while the symptoms of the first proving agree pretty well with those of the second, especially with regard to the head, gastric, and abdominal effects. It is a fault of this proving, however, that he records catarrhal and asthmatic effects, four days after drops of the sixth dil., when he has no such effects from repeated trials of the 1x. trit.

J. R. (proving 8, 9, and 10), is most unsatisfactory. In his first attempt he records nothing but a few desultory muscular sensations. In his second proving he has sharp pains in parietal bone, and headache over eye, slight nausea, and then records a distinct attack of laryngeal catarrh, lasting five days, in which he stands alone. If this were the effect of the dose, it should have occurred after the first, as well as after the third trial, which, however, produced no effect of any kind.

J. H. had no effects whatever to record after his first trial of one drop of the sixth dil., while 10 drops of the same were followed by gastric and intestinal effects, which strongly corroborate T. L. M. and E. B. F., after which his column is empty and bare of records.

T. G. S., the prover of the thirtieth dil., has nothing to record, which proves that he is a healthy young man, not given to unnecessary introspective thoughts, and indifferent to trifles. His negative record is valuable, like that of J. H., in his negative record of his first proving. Negative results should not be excluded from the daily records of provers.

While the impressions from the perusal of this proving are fresh in our minds, it is easy to compare them with the older proving of Muhr. (Allen's Encyclop., vol. III., 214), who records the "effects of triturating ten grains of chininum arsenicosum, with ninety grains of sugar of milk, for one hour."

Here the head symptoms slightly and vaguely confirm the above provings; severe colic after one hour does so likewise. The respiratory effects do not. Those of the heart are to my

mind, doubtful, e. g., the trembling beats of the heart, which beat 200 times in a minute, or stopped entirely. But the words of the prover are open to interpretation. The prover felt "palpitation while leaning against the back (second day); sensation as if the heart had stopped;" this is followed by the remark, "no perception of the beating of the heart, after 1 P.M." (second day.)"

In the absence of corroborative testimony of any kind, we should in the contemplation of provings of this sort, regard such effects as common and unimportant, when we divest ourselves of excessive sympathy with the prover. If we read such a record too sympathetically, we are apt to construe the words as meaning grave heart disease. If we throw aside our emotional nature, we see nothing extraordinary in them.

On the whole the results of our thirteen provings are more trustworthy than Muhr's, whose records are not corroborated by ours, and we therefore think them valueless for therapeutic purposes.

SUMMARY.

In order that physicians may be able to make use of this proving, there follows below the anatomical arrangement of such provers' records as appear as possibly and probably to have resulted from the effects of the drug.

Head. Dull, heavy headache in cerebellum on motion; also, dull, heavy headache in forehead and occiput (head feeling too full, as if it would burst.).

Gastric effects. Hiccough, belching, followed by urging to stool. Loss of appetite; feels weak; nauseated "mean" feeling; nausea and retching during stool; head feels badly; thirst; throat becomes dry. Burning sensation in stomach; passed considerable flatùs.

Intestinal tract. Four stools like diarrhœa, thin, watery, brown, painless. Sudden violent urging to stool immediately after dinner. Diarrhœa urgent, containing jelly-like lumps. Some pain in abdomen, below navel; urging to stool. Stool fecal with mucus and blood; much tenesmus before and after stool.

Respiratory organs. Symptoms too doubtful to include.

Urinary and sexual organs. (Urinates more frequently in the night. Seminal emissions. All doubtful effects of the drug.)

Skin. Too doubtful to include here.

Muscles and joints. Long continued rheumatic pains in left shoulder. Intense tiredness. Pleurodynic pains in right and left sides of chest, sharp in region of left kidney, lower limbs, instep, scapula. (All to be further confirmed, as they resemble com-

mon, every-day sensations and are found in every proving as well as out of it).

ANALYSIS OF ADONIS VERNALIS.

Of this there are two provings of ten grain doses of crude drug (part used not stated). The records of the first prover (O. W. L.) bear internal evidence of perceptible activity of the drug. The way in which we have analyzed these provings was to apply, as far as possible, the generally accepted belief that symptoms recorded repeatedly by one prover should be considered as valid. This, however, is subject to certain conditions: The prover, in this instance, takes one dose and records his experiences for eleven consecutive days; now we propose to take repetitions of symptoms on different days as confirmatory of each other; while mere *reiteration* of the same sensations during the same hour or day would not be equivalent to the repetition of the same symptoms on different days.

We therefore sum up below, as an illustration of our plan, the symptoms of Adonis which have shown themselves after intervals sufficiently long (a day) to deserve the name of verification by repetition, and valid for therapeutical purposes.

Pathogenesis of Adonis. Dose of ten grains at 11.40 A. M. Increase of peristalsis of bowels while reading at 5 P. M. Slight glow of heat over surface of body; abdomen bloated, and passage of hot flatus repeatedly in small quantity, somewhat offensive; head felt light, and some aching (2) in occiput and nape of neck, with some stiffness. At 8 P. M. felt some pain in abdomen just above umbilicus; cutting in character, not relieved by bending forward; sphincter ani feels a little lax as if a purgative had been taken. Later during evening some qualmishness at stomach, with belching of gas; head aches from occiput around temples to eye-sockets, across frontal region.

On the second day there was added to these, faint, heavy feeling in epigastrium (2) and sense of load in the epigastrium. (3) (The anterior half of tongue feels sore. The eyes smart and are sensitive to light).

The thin fecal stool and other symptoms that occurred on the ninth and tenth days are irrelevant, inasmuch as four or five days passed before that time with "no symptoms," and a record of returning normal health.

The numbers in the foregoing refer to the repetition of those symptoms. Though the greater number of effects were not repeated, but were re-counted because they are fairly pronounced and distinct in a pathological sense.

The second proving records "horrible dreams," repeated for two nights, preceded by nervous restlessness toward evening; these are partially concordant with the inability to go to sleep

for full half an hour, on account of rambling thought, and "beginning to dream almost as soon as he closed his eyes," recorded by the first prover.

ANALYSIS OF LILIUM TIGRINUM.

Of this there were six provers who made eight provings, of which three with four trials of five-grain doses record "no effect," the other three, also with four provings, record effects.

This proving bears internal evidence of being of negative value throughout, first because sufficiently large doses of the crude substance have no effect; second, because one of the provers (T. L. M.) faithfully and correctly reports effects in his first trial which he scarcely corroborates in the second. Third, he repeats the ten-grain dose on three alternate days and records no effects after having had effects before. Fourth, the records of the provers giving records do not agree at all, and their "symptoms" are slight and uncertain; we should therefore exclude them.

We would here record it as our opinion that the above proving, though of negative value, is one of the best, and deserves our unreserved praise because every record springs from a sincere desire to tell the truth, and to avoid misleading exaggerations of style, and we sincerely hope to hear from such provers again.

ANALYSIS OF ZINCUM METALLICUM.

Of nine provers, seven record effects, and, strange as it may seem, those who took the metallic zinc in most frequent quantity and lowest tituration (2x.) recorded few or no symptoms at all. Thus, No. 2 took 2 gr. doses six times; No. 3 took four gr. doses of 2x. ten times; No. 6 took 4 gr. doses 2x. six times, all without effect. No. 8 was a notable exception, and took eleven two gr. doses of 2x. in four days, and records some symptoms.

Head symptoms are recorded by six provers; throbbing, slight, dull frontal, gnawing, aggravated by jarring, once, and by stooping, are the varieties, twice.

Face and eye symptoms are recorded by one prover only; the others have none.

Urine and sexual organs produce; cloudy urine once and high colored urine twice (in hot weather, and there is nothing abnormal in that).

Respir. symptoms are recorded by only two provers; slight sore throat and cough by No. 5.

Gastric symptoms. Nausea and vomiting by No. 1; anorexia by No. 8.

Abdominal symptoms. Nos. 4 and 5 have diarrhœa.

Skin symptoms are insignificant as the prover was subject to itching eruptions; and he only reports.

Heart and temperature. Only No. 5 reports: "slight pain at apex, feverish, chilly on sixth day."

Sleep. This function exhibits more concordant effects than the others, as five provers record sleepiness and drowsiness as well as dreams.

The *muscular symptoms* are recorded by four provers, but do not agree well enough.

As far as concordance and congruity are concerned, there is not enough to warrant our acceptance of any of these records, for at least three out of nine provers should agree; instead of this we scarcely have more than two whose records agree constructively. Making due allowance for a diversity of effects determined by different individuals, we cannot allow this to influence our judgment to admit the possibility of a variety so endless that finally we shall have to accept the unreasonable conclusion that a hundred different effects, by a hundred different provers, of one drug, are all the effects of that drug. This is disproved by every carefully made experiment, by every experimenter whose chief care is not to deceive himself by sweeping generalizations. Still, it is the fundamental error of our *materia medica*, or better, of our provers' symptom-lists, hitherto.

Hence, to exclude a large portion of the foregoing proving, is by no means applying an ironclad rule, but only the simplest precautions. Though we should seek no excuse for retaining anything which cannot be proved to be positively true and reliable; we might, for the sake of liberality, admit the following:

Weight in the forehead, from jarring, dull feeling, frontal and temporal headache on stooping.

Diarrhœa, with gushing stool.

Hands burn, palms, forehead and neck moist, preceded by flush; chilliness and slight fever (temp. 99-100.)

Sleepiness and drowsiness; forenoon, and in the evening, with headache; vivid, confusing, anxious dreams (of falling, etc.)

These symptoms were not obtained by haphazard guesswork, but by careful arrangement and comparison of the records of the nine provers, upon a chart, which will at a glance convince the observer.

It will not be a difficult task to find analagous symptoms recorded among the 1799 symptoms of zincum recorded in Allen's Encyclopædia. But actual comparison is not quite possible here, as the pathogenetic effects ascribed to zincum were obtained from a great variety of different forms and preparations of zinc, the effects of each of which, we would prefer to see separated from those of metallic zinc, pure and simple. Of this there are very few in proportion to the fifty-eight records quoted in that work. The effects of the fumes, Lehrmann's and Fincke's,

high potencies, the effects of large doses of the oxide, or the effects of zinc recorded by persons who were suffering from lead, are not proper subjects from which to expect either congruity or concordance by comparison.

ZINCUM IODATUM.

Of this there were four provers, who took repeated doses of this drug. No. 1 took nine two-grain doses; No. 2 took six five-grain doses; No. 3, eight three-grain doses; and No. 4, fourteen doses of from three to five grains, like the others.

Of these provers, only two record any effects. No. 1 has slight nausea, etc., which he always experiences after *saccharum lactis*; also some slight cramp like pains in the bowels. This is not corroborated by others, and therefore of no value for the present. No. 4 may attribute his effects to the medicine. They were: Slight headache in the afternoon till evening, with sleepiness. Splinter like pains in throat, and slight pain in left lumbar region.

In justice to careful and conscientious provers, for whose efforts we are very grateful, the above effects are recommended as probable, but by no means conclusive enough to be incorporated in our symptom lists.

It will be proper in this place to draw attention to the importance of applying the test of our pathological knowledge, and practical experience, in the light of which many of the symptoms recorded in the preceding provings, are merely the sensations experienced by persons, whose mode of life, or natural temperament, help to produce them. When individuals of either sex have not lived properly, when their meal times were irregular, and their food was not sufficient or very digestible, when their sleep was insufficient, or at irregular times, when they had fasted or studied too long,—an array of possibilities very common in the life of medical students,—then when on proving drugs they become conscious of many uncomfortable sensations, which they had already; but now their attention having been directed to themselves, they at once begin to record them. And when such persons take drugs, these assist in disturbing their feelings all the more, and call out sensations to which the provers are subject; but such sensations are not due to the drug any more than to other causes, and should not be used to swell our symptom lists, as we do not want contingent symptoms, nor idiosyncrasies, but for the present only that which is common to all.

ZINCUM PHOSPHORICUM.

This has two provers. Both used the 3x. trit.; No. 1 a 3-grain powder eight times, and records a number of symptoms, which it is unnecessary to repeat here, and which we would prefer to

keep in reserve until corroborated by later trials, especially as prover No. 2 (L. D. L.), who is not given to overestimate his sensations, did not obtain any effects at all.

We are forced to put a very conservative construction on a proving which, after a few doses, records a long train of effects, which suddenly cease, and are not reproduced after the most persistent repetition of doses. This was the case with proving No. 1 of zincum phos., with proving No. 3 of chin. ars. The same applies to proving No. 10 of chin. ars., where the same prover, who has recorded a long list from one dose of chin. ars., sixth dil., fails to get any effects in a second trial. Similar anomalies occur in prover 5 of zincum metal., who records a distracted list of sensations in his first, and nothing at all after a second trial (proving No. 6), although the doses were frequently and persistently taken.

ANALYSIS OF ZINCUM VALERIANICUM.

Prover 1 of this drug, took five-grain doses of ix. trit., thirty-three times during twenty-one days, and exhibits an array of effects which most probably are due to the drug taken, for the reason that all provings show quite plainly that the most prolific — and what is much more important — the most concordant provings, were obtained from persistent and regular taking of the ix., and at most the 2x. trits.; they show that when higher attenuations and fewer doses were taken, the records, though sometimes voluminous, were not concordant, but consisted of sensations which cannot be grouped among pathogenetic effects.

Acting under the conviction that there should be at least three provers of each drug, and that these three should agree to an extent placing the validity of their record beyond reasonable doubt, we would, for the present, keep all such provings in reserve, until more have come in to make comparisons possible.

Appended is a chart, illustrating a very convenient and effective method of arriving at the internal evidence of the value of a proving by several provers, a method which should go hand in hand with the study of other kinds of evidence, which is to be sought for in the literary and personal character of writers on materia medica, as well as in the spirit of the time in which provings were made in the past. A judicious combination of intellectual and technical tests, constitute the means of purifying the materia medica, and thus, at length, making it possible to furnish the medical world with evidence bearing upon the validity of therapeutic laws — evidence which could not be furnished by an imperfect materia medica, resting upon faulty pharmacy, and faulty principles and methods of proving.

CHART ILLUSTRATING ANALYSIS

| | 2 x TRIT. 9 2-GR. DOSES. | 2 x TRIT. 2-GR. 6 DOSES. | 2 x TRIT. 9 DOSES. | 3 x TRIT., 2-GR. 4 DOSES. |
|---|--|---|-----------------------|---------------------------------------|
| | 1 | 2 | 3 | 4 |
| | N. H. L. | L. D. P. | L. D. P. | A. W. G. |
| HEAD. | Head and neck perspire behind ears. Dull frontal pain, throbbing to root of nose. Head full and hot. Weight in forehead, sleepy. Sudden frontal headache, walking up stairs. R | (Slight headache at frequent and irregular intervals, moving or jarring, small spot left temple.) | No effect. | |
| FACE, EYES, NOSE. | Dropping of mucus from post. nares; sweet, sick taste. Face, pale and cold; face hot and red, sitting; stitch in left eye. | | | |
| RESPIR. THROAT, ETC. CHEST. | Throat sore when swallowing. Dull pain in left chest; same in right chest (10 day.) | | | |
| STOMACH. | Sudden nausea, vomiting thin liquid matter. Wants salt. Thirst P.M. Slight nausea (10 days.) Thirst P.M. considerable. | | | |
| BOWELS. | Desire for stool; rumbling in abdomen; passed nothing but wind. Colic, preceded by nausea and vomiting. | | | Diarrhoea, stool yellow, with a gush. |
| MUSCLES, JOINTS, ETC. LIMBS. EXTREM. | Hands burn, palms moist Twitching of l. cleido-mastoid. Neck and palms moist. | | | |
| SKIN. | Itching in various parts, relieved by scratching; (this is habitual.) | | | |
| HEART. TEMPERATURE. | Pulse, 92, full, steady. Temp. 99.3 Pulse 88. Temp. 99.3, 9th day. Temp. 100. | | | |
| SLEEP. | | | | Rest disturbed |
| URINARY AND SEXUAL ORGANS. | Frequent ur. Pale urine P. M. Cloudy while passing. Pains shoot into scrotum. Testes sore and bruised. | | | |

OF ZINCUM METALLICUM.

| 2 x TRIT. 5 DOSES. 2 GR. | 2 x TRIT., 6 DOSES, 4 GR. | 3 x TRIT., 5 DOSES, 2 GR. | Very Warm Weath. 2 x TRIT., 11 DOSES, 2 GR. | 2 x TRIT., 8 DOSES, 2-4 GR. |
|--|------------------------------|--|--|---|
| 5 | 6 | 7 | 8 | 9 |
| E. B. F. | E. B. F. | W. C. S. | W. C. S. | D. M. L. |
| Dull feeling in head, uses words wrong when talking. Headache in temple. Cannot concentrate mind on work. Head heavy; mind dull; low spirited. | | Headache, mostly frontal, and temporal; congestive; by stooping and sun. | Gnawing headache: frontal, over right eye. Beating on stooping. Stupid indisposition: dull feeling in forehead over right orbit. | Heaviness of head. dull frontal headache. (Subject to it occasionally.) |
| | | | | Stuffed feeling in nose. |
| Dry cough, tickling in larynx. Dry cough all day (5 day). | | | | |
| | | | Anorexia. Sickening sensation in stomach. | |
| Slight griping as before diarrhoea. Gushing stool, thin brown with flatus; griping five minutes after stool. Pain in bowels. Colic and fever. | | | Distress in abdomen. Discharge of flatus. | |
| Needle-like pains in trochanter. Cramp-like pains off and on, all day. | | Vague lumbar pains. | Dull pain in lumbar region. Muscular soreness toward evening. | |
| | | | | |
| Slight pain apex of heart; repeated, lasts three minutes. Chills. Feverish; temperature 99, pulse 92. Feverish and colic Sharp pain in region of heart. (6 day.) | | | | |
| Could not sleep till 11.30. Did not sleep well in night; awakes often. | | | Raving dreams. Drowsiness, stupid. Due to very warm weather. | Drowsy all evening. Pain in forehead. |
| | | Urine diminished. Blood-red | High-colored, warm. | |

A REMARKABLE CASE.

BY IRVING S. HALL, M.D., WALTHAM, MASS.

On the 7th of April, 1889, my attendance was requested for Gertrude F—, aged five years. I found the following peculiar and confusing combination of symptoms present: choreic movements of mouth almost continual, the corners of mouth being drawn upward and outward, and the right shoulder being constantly hitched upward. The most prominent symptom was pain, which was located, as nearly as she could place it, in the right lumbar and inguinal region. This pain was paroxysmal in character, increasing at times to a frightful intensity, during which the child would shriek, and twist herself into all possible positions; after an interval, some relief would follow, but she complained continually that the side "hurt her." There was but little gastric disturbance, except almost complete anorexia, and refusal to take food; the bowels irregular, a loose movement being followed by constipation. Pulse and temperature were normal. The abdomen was not tympanitic, and though it was generally tender on pressure, there was no localized sensitiveness. Another prominent symptom, was continual picking of both nose and lips. Head and brain symptoms were not noticeable, really nothing presenting except the ordinary peevishness of a sick child.

I will not enter into the details of the treatment which was followed during the next ten days, but will summarize somewhat. It will be sufficient to say that this intense pain continued in spite of the most careful study of the case, and the application of remedies on what appeared to be the most positive homœopathic indications. Indeed, at times, so severe was her suffering, that sulph. of morphia was used in small doses, one-twentieth of a grain, which would relieve her from two to four hours. And in view of after developments, I think all will agree that this prescription was not unwise. The symptoms so frequently suggested helminthiasis, that the child received at times both cina and santonine, in large and small doses. Even castor oil in laxative doses, and enemata were used, but no apparent result followed.

At the end of the ten days, the case presented a grave aspect indeed. From being a plump, rosy child, she was reduced to a shadow of herself. My colleague, Dr. J. F. Hadley, now saw the patient in consultation, and after a long and very exhaustive examination, we concluded that it was a case of gastro-enteritis, probably of tubercular character, and that the patient would not recover. Two days more passed with but little change in the condition of things, and then the most remarkable solution of the mystery was given. The child during an operation of the

bowels, passed an immense mass, composed of thread, twine, and hair. The shape of this mass was rope-like, nearly twenty inches in length, and the average diameter was three-fourths of an inch; these substances were matted together into a most dense and solid body, which could scarcely be indented with a knife.

It is needless to say, that, after this occurrence, relief came to the little sufferer. For three or four days this comfortable condition continued, when the pain again appeared. Suspecting that there was still some foreign body remaining in the intestinal tract, I administered laxative doses of castor oil, and also copious enemas. This resulted, after two days, in the defection of another and final mass, composed mostly of hair matted together with a density that was almost incredible. It was about five inches long, and over an inch in diameter.

From this time there was no further trouble, and the child rapidly recovered. Indeed one point which occasioned me some surprise, was the promptness with which all symptoms of intestinal irritation disappeared.

The parents of the child are unable to account for such accumulation. The only thing they recalled was the fact that some two years previously the patient had been in the habit of biting the ends of long curls, which at that time she wore. But she must have picked up and swallowed odds and ends from everywhere, such as only could be found in the wanderings of a child.

Two points of especial interest present themselves in this case. First, the difficulty and almost impossibility of reaching an accurate diagnosis in such obscure abdominal troubles; and secondly, the strong resemblance which the symptoms presented to the so-called "worms;" showing that intestinal irritation from any foreign body, be it parasites or other cause, will give rise to those same characteristic indications.

*REPORT OF COMMITTEE ON TRANSACTIONS, MASSACHUSETTS
HOMŒOPATHIC MEDICAL SOCIETY.*

PRESENTED BY H. C. CLAPP, M.D.

At the last meeting of the executive committee of the society, after due deliberation, it was unanimously voted to report through the undersigned, to the State Society at its April meeting, in favor of abolishing the present method of publishing its Transactions in book form, and of substituting another method of publication.

Some of the reasons which influenced the executive committee in this decision, are herein presented: It will be admitted that it is always desirable to conduct the financial affairs of any

society strictly on business principles. A society, like a family, should always endeavor to "live within its income." Until recently, this has been the practice of this society, but during the past four years, the average annual income of the society has been \$891, while the average annual expenditure has been \$1,058. It needs no mathematician to show what will be our financial future if this state of things continues. And yet, instead of any efforts at retrenchment, the tendency seems to be in the other direction. At the last meeting of the society, in October, 1888, it was voted to hold a two days' session in April, instead of one, in order to gain more time for the reading of papers, and for discussions. This, of course, would generally still further increase the expenses in different ways, such as rent of hall, refreshments, increase of material to be printed, etc. Next, to connect the two days of meeting, a demand was made for social festivities and a banquet in the evening, which luxuries cannot be expected to be obtained without money and without price.

Furthermore, the society has voted to exempt from the payment of annual dues, all those who have been members for twenty-five years, and also new members in the first year of their election, thus cutting off portions of its income from both ends. The number of these veterans who now enjoy this exemption, is not insignificant, and is increasing from year to year.

Now, no objection is here offered to the two days' session, to the banquet, to exemption from the payment of dues of certain members, or to other measures which the society may choose to adopt. The only plea here offered is for adequate financial provision. Two ways suggest themselves to meet this issue; either to increase the dues, which your committee think large enough already, or to retrench in expenses, which is recommended in this report; the particular direction being in the publication of the Transactions, which item now makes up almost one-half of the entire annual expenditure of the society.

The volume of Transactions issued and distributed one year ago, cost \$489.15; that of two years ago, cost \$292.45; that of three years ago, cost \$558.56; that of four years ago, \$579.90; the average of which is almost \$500 a year. * * * * * Now with two days' session, the increased length of discussions, and the extra papers which the increase in time will probably invite, will necessarily largely increase the cost of the yearly volume of Transactions.

Your committee consider that the remedy for this state of things consists in adopting one of two plans: First—to have no official publication, but to allow each author of a paper to present it to whatever medical journal he may choose. Second—to select some medical journal as the organ of the society, and

to make an agreement with this medical journal to publish everything in full which is sanctioned by the society's committee on publication ; in fact to publish everything which is now published in the yearly volumes of Transactions.

The first is the method now adopted by the Boston Homœopathic Medical Society, and would entail no expense whatever, on the society. According to this plan, however, there would be no guarantee for the accuracy or fullness of the reports, and the papers would have to be more or less scattered in different journals, as no one journal would be willing to publish all. Again, some papers would escape publication altogether, and be lost to the society, since some authors, either through neglect or timidity, might omit to send their papers to a journal. Without such omission, no apprehension need be felt on this score, since in all probability no article could be presented to the society so poor that *some* journals in the country would not be willing to publish, judging from their present contents.

But to those of the society who may wish to have *archives*, it may seem desirable to have all the publications appear in one place. To such the second method will seem best. This will probably necessitate some outlay on the part of the society ; for, no matter how anxious any journal may be to get articles, it will naturally prefer to have some freedom of choice, and to select only such as it may deem good for its purpose, and it will regard as a grievous burden, any obligation to publish without recompense, everything, good, bad, or indifferent. Besides, the increase of material, will necessitate an increase in the expense of printing, etc. Such a journal probably would, however, in consideration of a certain stipend to be paid regularly by the society, be willing to publish everything, reports of meetings, papers, etc., in full, of which the publication committee may approve. Thus the society would have in the bound volumes of such medical journal, exactly the same material to call its archives that it now has, material which would be readily accessible, in spite of other matters in the same volume, on account of a good index, and at a very great reduction in cost. Your committee estimates that probably almost \$300 a year could be saved to the society in this way. Besides, the material would be far more fresh, as the publication would begin immediately after the meeting, and would appear in monthly installments, the very last of it appearing in less than six months after a meeting, whereas now even the first of it is stale, appearing in not less than a year, and sometimes more.

Such a change of base as this has already been made by at least one society, the American Medical Association, which is the national society of the allopathic fraternity, corresponding to

our American Institute of Homœopathy; and for a number of years their weekly journal, which is a substitute for their annual volume of transactions, has given them great satisfaction. * * *

In recommending this second plan for adoption, your committee suggests that it is an eminently practical one, and hopes that no feelings of pure and gushing sentimentality about the possession of bound volumes of archives, will interfere with a measure fraught only with good to the society. A careful inquiry among many individual members, discloses the fact that very few ever think of consulting the archives, beyond a casual glance or two when they first appear. To most they are like the bound reports of the committee on agriculture, and other committees, issued by our legislature, serviceable mostly as stuffing to the bookshelves of those who are anxious to make a show of erudition.

If this measure prevails, the society will have money (which it now lacks), to spend occasionally in strictly scientific work, and also to indulge, when it chooses, in two days' session, with proper lunches, banquets, and social festivities.

Respectfully submitted,

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| H. C. CLAPP, J. W. HAYWARD, E. P. COLBY, | } | COMMITTEE. |
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The committee's suggestion, being put in the form of a motion, was unanimously carried.

OUR FOOD-STUFFS AS SOIL FOR PATHOGENETIC GERMS.

BY PROF. A. CELLI.

Translated from the "Bullettino della Regia Accademia med. di Roma, 1885," by Albert Pick, and F. Pritchard, M.D.)

Professor Celli has made a number of experiments to see whether and to what extent, our common food-stuffs may serve as nutrient soils for the growth and increase of pathogenetic micro-organisms. The experiments were so made that germs from pure cultures of anthrax bacilli, those of typhoid fever, of cholera asiatica, the staphylococcus pyogenes aureus, and also partially, the bacteria of chicken-cholera, of farcy, the streptococci of erysipelas, and the vibriones of Denecke and those of Finkler—prior were sown upon the nutrient substance, which substance was in the one experiment sterilized, and in the other used as it was found in the market.

The results were chiefly as follows :

Boiled albumen of eggs is an excellent soil for these bacteria, upon which they not only preserve their different biological peculiarities, but partly bring forth new distinguishing peculiarities, as for example, the colonies of vibrio Denecke, flourish with a beautiful orange color.

Fresh meat obtained under antiseptic precautions, and preserved in damp air, serves as a soil whereupon the staphylococcus pyogenes aureus, anthrax bacilli, those of typhoid fever, cholera-asiatica and nostras, chicken-cholera, and the streptococcus of erysipelas, thrive. But from external appearances they do not produce any colonies, or only a damp zone covered with a very fine whitish-red pellicle (vibrio of cholera), or the formation of less characteristic membranes. Fresh meat loses its nutritiveness on drying.

Boiled meat also furnishes an excellent soil for the propagation of the bacteria mentioned.

In the various varieties of smoked and salted meats (hams and mortadella*), Celli found a large and resistant micrococcus, increasing with rapidity with which cultures of cholera, anthrax and typhoid fever bacilli, cannot compete. The staphylococcus aureus, flourishes luxuriantly with an orange color upon mortadella and cervellatta,† upon ham with a pale yellowish, and with a grayish yellow color upon roast beef. The cholera-vibrio dies, upon boiled ham (sterilized), after twelve, and upon cervellatta, after six hours, which may be proved by scraping off particles of the germs planted, and transferring them to nutrient gelatine, where they are found to be sterile. The typhoid fever bacillus, lives there about one month, the anthrax bacillus, two-and-a-half months; the staphylococcus pyogenes aureus, taken from the meat and injected subcutaneously into a rabbit, causes inflammation (phlegmonous.)

Celli also investigated cultures on ricotta‡ (unsterilized), upon which he found the vibrio of cholera asiatica and nostras, the bacillus of typhoid fever and of anthrax, as well as the staphylococcus aureus, to flourish, and indeed the bacillus of typhoid fever and of cholera, extended over and about the place of implantation, and competed with the preëxisting bacilli of other varieties. After five days the typhoid-fever germs were still alive, but those of cholera perished somewhat sooner.

Celli therefore thinks, that a fly with cholera or typhoid fever germs upon its legs or in its food-tube, may deposit them upon a suitable soil, and in a few hours in summer by such an infec-

* A kind of thick bologna sausage.—(Trans.)

† A short and thick sausage made of brains.—(Trans.)

‡ Ricotta is a very finely tasting product of milk (butter-milk curd), sold in the streets of Rome, and used like butter on bread.—(Trans.)

tion, a considerable propagation of germs may take place upon ricotta.

From the varieties of cheese which Celli investigated, stracchino,* roviara, caciocavallo, it was seen that cholera-bacteria, already after twelve hours had lost their vital energy; while those of typhoid fever, anthrax, and the staphylococcus, remained alive seventeen days. The cholera germs also appeared not to live upon sterilized cheese, for when planted back into gelatine, they were incapable of development.†

Slices of apples and pears will not support inoculations of typhoid-fever bacilli, and staphylococci; cholera bacilli to the naked eye do not seem to increase, but microscopically, a lasting growth, even after two-and-a-half months, a magnificent one is perceptible; but after 6-20 hours the capability of developing upon new soils is lost; yet they preserve their characteristic form, even if the fruit dries up. Upon squash and melons, two vegetables which are sold halved and cut up in pieces, during the summer months in Italy, retain the typhoid-fever, anthrax, cholera-bacilli and staphylococci, for about six hours, i.e., if they be transferred from there to gelatine soils, pure and strong cultures may be obtained. But after twenty-four hours, so much impure material is mixed with them, that they are to be found with difficulty, even varieties morphologically so well characterized as the anthrax, and cholera-bacillus.

The bacteria of cholera, planted upon the rinds of such vegetables,‡ are after six hours already no longer to be propagated; thus it seems possible from these experiments, that some of our food-stuffs, through their properties, may serve as nutrient soils or vehicles, for the dissemination of the pathogenetic bacteria of infectious diseases. Such has been shown from the experi-

* Stracchino is a kind of cheese, made from sweet milk, (one of the sweet, soft milk cheeses like Neufchâtel bris, camembert, limburg, etc.) The strongly smelling varieties of cheese have an alkaline, and the less odoriferous mostly an acid reaction.—(Trans.)

† Th. Kitt, of Munich, has several times attempted to make cultures of anthrax-bacilli, upon sterilized emmenthaler, parmesano, and goat's cheese; (emmenthaler and parmesano cheese, belong to the hard, sweet milk cheeses, like the chester, cheddar, eidammer, and South Holland cheeses—(Trans.); with the acid reaction which such cheeses have, the cultures were unsuccessful, but if the surface be neutralized by soaking it in a soda-solution, anthrax-bacilli grow in dry, white spots, but only to a small extent.—(Central Blatt für Bacteriol. and Parasitenk Jan. 25, 1889.)—Milk has been found to be a suitable soil for the cultivation of micro-organisms; Van Puteren in Wratsch, 1883. No. 15. (Trans.)—Cf. Soyka, Ueber Milchsäure, etc., Wien. Med. Presse, 1889. XXX.

‡ Potatoes have been used as nutritive soils.—Pawlowsky, O Kultur tuberkul; batsill na Kartoffel; Rusk. Med., St. Petersburg, 1888. VI.

ments of other writers ; for example, drinking-water* may spread the microorganism of typhoid fever or cholera ; milk, meat-broth and meat, are well-known vehicles. The period of retention, increase and death of the various bacteria, varies according to the specific properties of the different germs, the quality of the food-stuff, and the competition of the other germs.†

* Dr. Gärtner says, cholera and typhus abdom., have long since been traced to drinking water. The bacilli of typhus remains a long time alive in water, yet do not increase therein ; but if a one four-hundredth part of bouillon be added, they increase rapidly. As regards the cholera-bacillus, there is yet some divergence of opinion. They also do not appear to increase in water, but seem to perish partly, and partly to live a while in the water ; a procedure, which depends upon : 1. The height of temperature ; 2. The amount of organic and inorganic matter contained in the water ; and 3, the vitality of the bacilli. The temperature has a very important influence upon the propagation of the bacteria in water. The higher degrees of heat cause the bacteria to perish, with certainty at boiling point ; and only spores can resist this temperature for any length of time.—(Central-Bl. für Bacteriol and Parasitenk. July 26th, 1888.

† J. Straus and A. Dubary, have still later investigated this subject : *Recherches sur la durée de la vie des microbes pathogènes dans l'eau.*—(Archives de médecine expérimentale et d'anatomie pathologique ; 1889. No. 1.)—Trans.

SOCIETIES.

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WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the Society was held at No. 13 Mechanic street, Worcester, on Wednesday, August 14, 1889.

The meeting was called to order at 11 A.M., by the President, Dr. Edward L. Mellus, of Worcester.

The records of the last meeting were read and accepted.

The name of Dr. A. E. Perkins, of Ashburnham, was proposed for membership, and referred to the censors.

The President appointed a committee, consisting of Drs. J. M. Barton, J. P. Rand, and Chas. L. Nichols, to draw up resolutions upon the death of Dr. C. A. Brooks, of Clinton, and Dr. H. K. Bennett, of Fitchburg, and report later in the session.

The Bureau of Obstetrics and Pædiatrics, Dr. E. A. Colby, chairman, presented the following programme: Case of Otorrhœa and Nocturnal Enuresis, Dr. Jennie S. Dunn ; Clinical Cases in Summer Troubles of Children, Dr. Chas. L. Nichols ; Case of Quadruplets, Dr. Geo. A. Slocomb ; Clinical Cases Lately Occurring in My Practice, Dr. D. B. Whittier ; Clinical Cases of Ophthalmia and of Convulsions, Dr. E. A. Colby.

The first paper, by Dr. Dunn, gave clinical history and treatment of a case of otorrhœa and nocturnal enuresis, of several years' standing, in a patient of decided scrofulous habit. This paper elicited considerable discussion upon the subject of enure-

sis, as well as that of frequent nightly micturition in old people.

Dr. Whittier considered enuresis a very intractable disorder, often returning after an apparent cure.

Dr. Nichols said he most frequently used causticum, with an occasional dose of sulphur, with boys, and sepia or pulsatilla, with girls. Had cured one case with opium,³⁰ in which the patient slept very heavily at night, the cause of the trouble appearing to be too great relaxation of the muscular system.

Dr. Pratt claimed good results from the use of iron, especially the chloride in 1x. dilution.

Dr. Nichols' paper was very interesting and instructive, giving history and successful treatment of a case of marasmus, following an attack of entero-colitis, in a child of six months, together with remarks upon diagnosis and treatment of the summer troubles of children.

In the diagnosis of children's summer troubles, we find more difficulty than in similar cases in the adult. The older French writers attempted to classify according to the character of the stools, but the tendency of the present time is towards simplification, the later writers, both in England and our own country, placing all cases under three heads: 1, simple diarrhœa; 2, inflammatory diarrhœa; and 3, choleraic diarrhœa.

After touching upon the pathology of these cases, he spoke of the silence of the books in regard to the pathological appearances of gastro-malacia, marasmus, or infantile atrophy, from which the case cited was evidently suffering; all claiming that it is a condition and not a separate disease, and has no distinct pathological appearances.

He said he had been thus particular to show the weakness of our present systematic medicine in this class of cases, and of the much vaunted pathology as a distinctive guide in diagnosis, in order to protest against routine treatment, and to bring out the advantage of the system of homœopathy, one of whose foundation principles is individualization, rather than classification of our clinical material.

In the treatment of these cases, medicine has its place, and an important one, but medical treatment is not all powerful. Dietetic treatment is as important in checking the extension of disease, as medicine is in overcoming the effects of its inroad.

It is my custom in these cases to diminish to the lowest possible point, the quantity of milk taken, or to withdraw it entirely for the first day, using instead toast-rice or cracker-water, in order to give the stomach rest, and free it from all fermentable material. The next step is to furnish milk in as easily digested form as possible. Have found great success with the formula proposed by Dr. T. M. Rotch, of Boston, which represents the

nearest approach to mother's milk, attainable with cow's milk. White wine whey is a still more delicate form of milk food. For purposes of stimulation I employ bovine, ten drops in a teaspoonful of water, four times a day, and the brandy and egg mixture. In addition to these foods, I use the two helps so often insisted upon by Dr. W. B. Chamberlain: 1, oiling the child, bowels, back, and limbs, every three or four hours; and 2, a horse and carriage ride, or being out of doors in the shade.

After dinner at the Bay State House, the meeting was at 2 P.M., again called to order.

Dr. Slocomb read an interesting paper, describing his experience with a case of quadruplets, four living girl babies being born. There were three placentas, one double, and two single ones.

Dr. Whittier read an instructive paper, giving clinical history and treatment of a number of cases of children's diseases, recently occurring in his practice.

Dr. Colby read an interesting paper, giving clinical history and treatment of two cases of conjunctivitis (purulent), and one of infantile convulsions.

The committee appointed by the president, reported the following resolutions, which were adopted by the society:

Whereas, a wise Providence has seen fit to remove from our midst our professional co-laborers, Dr. Chas. A. Brooks, and Dr. H. K. Bennett, and whereas both have been former presidents of this society, therefore be it

Resolved, that the society of which they have long been members, wishes to place on record its appreciation of their past labors in its behalf, as well as of the personal character of the men;

Resolved, that these resolutions be transmitted to the bereaved families, to whom we extend our heartfelt sympathies, and that copies be submitted to the daily press for publication.

For the society, by,

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| J. M. BARTON, | } | <i>Committee.</i> |
| J. P. RAND, | | |
| CHAS. L. NICHOLS, | | |

At 4.30 P.M., the meeting adjourned.

EDW. D. FITCH, M.D., *Secretary.*

DEAFNESS OF OLD AGE.—Sapolini, of Milan, describes a method of his, which he states he has successfully employed in sixty-two cases of deafness of old age. It consists in mopping the membrana tympani with a weak oleaginous solution of phosphorus. He claims that this treatment diminishes the opacity of the membrane, increases the circulation, and improves the hearing.—*Ther. Anal.*

REVIEWS AND NOTICES OF BOOKS.

A CYCLOPÆDIA OF DRUG PATHOGENESY. Edited by Richard Hughes, M.D., and J. P. Dake, M.D. Part X. Magnesia—Natrum Muriaticum. London: E. Gould & Son. New York: Boericke & Tafel.

It is impossible to withhold an exclamation, not only of pleasure but of surprise, at the appearance of another fascicle of the Cyclopædia, for it was only three months ago that Part IX. was reviewed in the pages of the GAZETTE. The surprise is easily understood if one reflects for a moment upon the immense amount of work done in so short a time, and done with the scrupulous care and thoroughness so characteristic of the Cyclopædia. A glance at the contents of the fascicle, will give some idea of its value. Nenning's proving of magnesia sulphurica, is completed, and with Hencke's proving, and a few cases of poisoning and experiments on animals, complete the pathogenesis of this drug. Manganum, (aceticum, carbonicum, muriaticum and oxydatum), is briefly disposed of. Melilotus next claims attention, and offers some valuable hints concerning headache, which occurred in every case of proving or poisoning referred to, and in three cases relief came only after epistaxis. Of menyanthes we read nothing, except the reference to Hahnemann's provings, to which nothing has been added. Mercury, with its salts, occupies nearly a hundred pages. Attention is first asked to mercurius (vividus, solubilis, dulcis, and acetatus.) Hundreds of observations have combined to furnish the pathogenesis of this famous metal, and the result will well repay prolonged and thoughtful study. Then follow the records of provings and poisonings of mercurus corrosivus, m. cyanatus, m. iodatus, m. biniodatus, m. præcipitatus ruber, and m. sulphuratus. Indubitable proof of the power of these preparations to seriously affect the human body is here offered, to the comfort of those who are looking for decided and recognizable effects of drugs. Meze-reum presents numerous provings, and is followed by millefolium, the pathogenesis of which hardly supports the reputation it has for hæmorrhages. Moschus, murex, and myrica, each tells an interesting story, the last one having been proved by members of the Massachusetts Homœopathic Medical Society, over a score of years ago. Naja, the next drug presented, is one of the special studies of our English colleagues, all but one of its provings having been made by them. The fascicle presents in conclusion the natrum salts. N. carbonicum and n. chloratum are briefly disposed of, but n. muriaticum, having been the subject of the famous Austrian provings, presents a more extensive record. Twenty of these provings are given entire, the

twenty-first being given in part only. In view of the controversy these provings have excited in times past, they will prove unusually interesting to those who have never seen them in narrative form.

Once more we must pay our homage to the editors, whose conscientious and unwearied energy is so rapidly pushing to completion the valuable *Cyclopædia of Drug Pathogenesis*.

LECTURES ON DISEASES OF THE HEART, WITH A MATERIA MEDICA OF THE NEW HEART REMEDIES. By Edwin M. Hale, M.D. Philadelphia: F. E. Boericke; 1889. 478 pp.

Homœopathic physicians need no introduction to this work, although it appears in new form and has been nearly doubled in size. The new features are a *materia medica* of all the new cardiac remedies, such as adonis, barium, convallaria, caffeine, sparteine, strophanthus, kola, etc.; a repertory of heart symptoms, very complete and well arranged, by E. R. Snader, M.D., of Philadelphia; the addition of a section containing miscellaneous papers, such as "The Influence of the Mind over the Heart," "On the Relation of Sudden Death to Heart Diseases," "Oertel's Treatment of Weak Heart," by the author, and a reprint of Dr. J. W. Dowling's "Is the American Heart Wearing Out;" besides a short paper by Dr. E. R. Snader on "The Effects of Tobacco on the Heart."

There is one thing which should have been done in order to have the book up to the same high level throughout, for there is a marked inequality in relative values, the additions or new portion possessing great advantages over the older portion; and that one thing is that some of the lectures should have been carefully rewritten. Take for instance the lecture on angina pectoris. Dr. Hale has within a few years given us a better paper on this subject than the one which forms Lecture IV. in this book, and having thus established a higher standard, ("beaten his own record," one may say,) he becomes thereby his own critic. Of course the fulness of the section on *materia medica* really compensates for any slight discrepancy such as the one referred to, but none the less, a reader might be tempted to undervalue the book who chanced upon this lecture only, and neglected to seek further into the treasures of the work. The book, however, in its new edition, will doubtless more than retain its wide and deserved popularity.

REPERTORY TO HERING'S CONDENSED MATERIA MEDICA. Published by the Homœopathic Medical Society of Pennsylvania. 8 vo., paper. 432 pp.

The Pennsylvania Society is always doing some good work,

but it evidently is in the effort to "beat its own record." The volume before us is only a part of the Repertory, though complete as far as it goes. It contains nine sections devoted to symptoms of the lower extremities; male sexual organs; appetite, thirst, desires, aversions; outer chest; stomach; aggravations with reference to mental symptoms only; the tongue; symptoms occurring during pregnancy; and heart symptoms. The greater part of the work, 156 pages, is devoted to the lower extremities. The repertory of heart symptoms by E. R. Snader, M.D., is essentially the same as that contributed by him to Hale's "Diseases of the Heart," recently noticed in these pages.

The work is exceedingly literal in the transcription of symptoms; for instance, "anxiety, and timorous and confused, fears she is about to die; belladonna;" "anxiety of mind great, with fear of death; squilla;" "apprehension of dying; asafœtida;" "gloomy, feels as if she would die; silicea." These are not found with the many symptoms, under the caption, Fear and Dread of Death, although they evidently refer to the same symptom, but on account of peculiar phraseology are found on widely separated pages. This, however, is not without precedent in homœopathic literature.

As a comparison to Hering's "Condensed Materia Medica," which is possessed by nearly every homœopathist, the Repertory would undoubtedly have a large sale if put upon the book market.

THE PRINCIPAL USES OF THE SIXTEEN MOST IMPORTANT, AND
FOURTEEN SUPPLEMENTARY HOMŒOPATHIC MEDICINES.
London: E. Gould & Son. Sixteenth thousand. 263 pp.

This is a small book for the laity, admirably adapted for use with a domestic case of remedies. It differs from the ordinary "Domestic Treatises," in that it attempts no description of diseases, and deals simply with the selection and administration of the proper medicines. After the introduction, is a "medical index" or repertory, with a therapeutic index arranged as foot-notes. This is followed by a condensed symptomatology of the sixteen principal and fourteen supplementary medicines, with a list of a few external applications and their indications. It is on the whole a very practical and handy sort of book, and is doubtless of more real service in domestic use than many more pretentious works.

A HANDBOOK OF THERAPEUTICS. By Sydney Ringer, M.D.,
Twelfth edition. New York: Wm. Wood & Co., 1889. 524
pp.

This "handbook," as is well known, deals with the clinical aspects of materia medica, rather than the physiological. It has

to do with a practical application of a knowledge of drugs, obtained in the physiological laboratory and elsewhere. Empiricism rather than theory is its guiding principle. And in order to render the book more useful as a therapeutic guide, it contains short but excellent sections on the tongue, the pulse, the skin, the temperature in health and disease, on the many-sided subject hydropathy, on enemata, hot-air and vapor baths, poultices and fomentations, etc., besides a dietary for invalids. The introduction is a gem in compactness and value, contrasting, as it does, the value of "symptoms," in treating the sick, with "physical diagnosis." The useful sphere of each is pointed out, but of symptoms we read: "Moreover, there is a wide range of diseases in which physical diagnosis is unavailing, and when there are only symptoms to guide our treatment; and unless trained in the recognition and estimation of symptoms, these are just the cases in which the young practitioner is more likely to find himself at sea."

A book by so famous an author, and one that has reached a twelfth edition, needs no word of ours to commend it to the favorable consideration of the profession.

A GUIDE TO THERAPEUTICS AND MATERIA MEDICA. By Robert Farquharson, M.P., M.D., F.R.C.P., LL.D. Fourth American, from the fourth English, edition. Enlarged so as to include all preparations official in the U. S. Pharmacopœia, by Frank Woodbury, A.M., M.D. Philadelphia: Lea Bros. & Co. 598 pp.

One of the marked features of this book, is the use of double-columns for the presentation of the "physiological" and "therapeutical" action and uses of drugs, whenever the description would occupy more than a paragraph or two. This is not only a convenient arrangement of the text, but it shows at a glance the principle which underlies the clinical indications given.

Another unique feature of the book is the introduction, toward the end, of a list of questions illustrating the problems that are frequently presented in practice, or emphasizing suggestive points, such as might be used in "examinations," the idea being to encourage the student, "to emancipate his mind and memory from the enervating trammels of the more grinding forms of manuals."

The American edition also contains an appendix, giving a list of poisons and their antidotes, an epitome of the National Formulary, and an index of diseases, or "therapeutic suggestions," and other matters of interest and value.

The book is well conceived, will serve a useful purpose to the

student, and prove most valuable as a book of quick reference to the practitioner.

SURGICAL BACTERIOLOGY. By Nicholas Senn, M.D., Ph.D. Philadelphia: Lea Bros. & Co. 270 pp.

It is particularly true to-day that "reputation no longer carries with it the weight of authority, unless the views advanced, can be corroborated by the independent work of others." An investigator announces a discovery, and within a month reports come from all quarters that similar experiments have been performed with negative or affirmative results, and the fact (discovery) is either established or disproved. In this way, and within fifteen years, pathology has been remodelled, and, in surgery especially, marvellous advance in the perfection of treatment has been made. This revolution has been due to an acquired knowledge of pathogenic microbes, and work is not yet completed in this field. A review of the knowledge thus far gained will be of service to all practitioners, and nowhere can that review be more concisely and satisfactorily found, than in the volume before us. Different microorganisms are described, references are given to experiments made with them, methods of staining, cultivating, and inoculating, are described, and interesting points concerning their life-history, propagation, and dissemination, are related. Thirteen beautiful plates, most of them colored, are included in the work. Some of the subjects considered are: hereditary transmission of microbic diseases; do pathogenic microorganisms exist in the healthy body?; sources of infection; localization of microbes; elimination of pathogenic microorganisms; inflammation; gangrene; suppuration; pyæmia; erysipelas; tuberculosis; gonorrhœa; on the alleged microbic origin of tumors; etc. It is, on the whole, a book for the modern surgeon and pathologist to own, study, and profit by.

LECTURES ON BRIGHT'S DISEASE. By Robert Saundby, M.D., F.R.C.P. New York: E. B. Treat. 290 pp.

This book is the sixteenth volume of "Treat's Medical Classics." Its first section treats of the pathology of albuminuria, of dropsy, of polyuria, of uræmia, the pathological relations of tube-casts, cardio-vascular changes, and retinal changes. The second section is devoted to the clinical examination of the urine. The third to the history, classification, and etiology of Bright's disease, the anatomy of the kidney, febrile, lithæmic and obstructive nephritis, complications of chronic Bright's disease, etc. The whole subject has been thoroughly investigated by the author, who prepared the lectures originally for a post graduate course. The present state of contemporary knowledge has

been clearly given, and numerous clinical cases illustrative of practical points, are presented in detail. The usefulness of the work is enhanced by the addition of a complete bibliography, found at the end of each chapter. The excellent quality of paper and type used in its construction, adds greatly to the pleasure of reading the book.

THE PSYCHIC LIFE OF MICRO-ORGANISMS. A Study in Experimental Psychology. By Alfred Binet. Translated by Thomas McCormack. Chicago: "The Open Court" Publishing Company. 120 pp. Price, in flexible cloth binding, 75 cents.

This little treatise deals with a most fascinating subject, and one hitherto but little known. Recent investigations, however, seem to disclose the fact, that comparative psychology will soon open up a highly interesting field of study. It has long been known that the functions of locomotion, nutrition, and reproduction, are characteristic not only of the highest, but also of the lowest forms of living animal organisms, and these functions of micro-organisms, have been studied by M. Binet, with a special view of determining the psychic forces concerned therein. The result of his study, is, that he feels justified in contesting the theory of Prof. Romanes, according to whose schema, the first appearance of the various psychical and mental faculties, is assigned (arbitrarily?) to different stages or periods in the scale of zoological development. M. Binet contests that psychological phenomena, such as fear, surprise, memory, primary instincts, reason, etc., begin among the lowest classes of beings; that they are met with in every form of life, from the simplest cell to the most complicated organism. Perhaps the most interesting chapters of the book, are those on the psychology of nutrition, on fecundation, and on the physiological functions of the nucleus.

It may be a matter of interest to note that an article by Prof. Romanes, in reply to M. Binet, appeared in "The Open Court" of July 11th, and will prove interesting supplementary reading to M. Binet's monograph.

EXPLORATION OF THE CHEST IN HEALTH AND DISEASE. By Stephen Smith Burt, M.D. New York: D. Appleton & Co. 206 pp.

There is one sentence in the preface to this little book, that is significant of the style and accuracy of the teachings of the work itself. It reads as follows: "I wish to emphasize the importance of knowing the physiological anatomy of the heart and lungs, the relative position of the viscera to the parietes, and the

physical signs that can be developed in the normal chest, as upon such a foundation rests the only true basis for a correct understanding of the changes caused by disease." A simple matter surely to say that physical diagnosis depends upon a thorough appreciation of the healthy condition, but we venture to say that fewer mistaken diagnoses would be made, if the healthy standard were fully in the mind, and ears, and fingers of the examining physician. There are probably but few practitioners who intentionally perform percussion and auscultation in a healthy subject, from one end of a year to the other. The book makes no pretence to striking originality, or the revelation of any new facts, but it tells what is known in its own field in a clear, intelligent, and interesting way, and will doubtless prove a welcome addition to the literature on the subject. Many illustrations are introduced, some diagrammatic, but several photo-engravings from originals by Hirschfeld, Bonamy and Beau and Sappey. The press work and binding are thoroughly satisfactory.

ATLAS OF VENEREAL AND SKIN DISEASES. By Prince A. Morrow, A.M., M.D. Parts XIII., XIV., and XV. New York: Wm. Wood & Co.

The concluding fascicles of this pictorial clinic are now before the profession, and those who have hesitated about subscribing for a work in parts, can now obtain the completed work. Title-page, preface, and full index accompany the last part, so that the Atlas as a whole is ready for binding. The work comprises 318 folio pages of descriptive text, written by Dr. Morrow, and 75 folio, chromo-lithographic plates, many of them containing several figures, drawn from original sources, and admirably colored. The concluding parts are devoted to elephantiasis, leucoderma, alopecia areata, keloid, fibroma, xanthoma, rhinoscleroma, xeroderma pigmentosum, varieties of lupus, sarcoma of trunk and face, epithelioma, leprosy, scabies, pediculosis corporis, chromophytosis, trichophytosis, and favus.

To those debarred the privilege of attending clinics in skin diseases, this Atlas will prove of incalculable value, since they can, at will, almost see before them in these plates, any or all forms of venereal and skin disease; while even in extensive clinics, one can see at best but the case presented, and in a long course may not have opportunity to observe all the varieties illustrated in the Atlas.

The August CENTURY gives many interesting chapters in the Life of Lincoln, including one upon his theological beliefs and relations. Tennyson's birthday is remembered by a fine frontis-

piece engraving of the poet, and a brief essay. There are some exquisite wood engravings, illustrative of articles on engraving; Cable's story of "The Haunted House in Royal Street," is a thrilling and powerfully told bit of New Orleans history; and there are of course many essays, poems, etc. New York: The Century Co.

THE POPULAR SCIENCE MONTHLY for August has a significant paper on "The Spirit of Manual Training," by Prof. Henderson. There are several interesting glimpses of strange peoples and customs, as in Mr. Woodford's "Life in the Solomon Islands," and Mr. Okie's "Blood-Vengeance and Pardon in Albania." The theological controversy still goes on, Prof. Huxley and Mr. Le Sueur contributing to it, in the present issue. New York: D. Appleton & Co.

PERSONAL AND NEWS ITEMS.

JOHN F. WORCESTER, M.D., Class '88, Boston University School of Medicine, has located at Clinton, Mass., having taken the office of the late Dr. C. A. Brooks.

ANNIE I. LYON, M.D., Class '89, Boston University School of Medicine, has located at 120 Emerson street, in Haverhill. She will give special attention to surgical cases.

AN INTERESTING biographical sketch of Dr. A. I. Sawyer, president of the American Institute of Homœopathy, with portrait, was contained in "The Monroe Commercial," of Monroe, Mich., for August 16, 1889.

PARTNERSHIP papers have lately been signed by Dr. Henry E. Spalding, and Dr. Samuel H. Spalding, of Hingham, Mass., by which the latter, for some years the assistant of Dr. H. E. Spalding, enters into permanent business relationship with him, in his Hingham practice.

THREE vacancies in the house staff of the Homœopathic Hospital, Ward's Island, N. Y., will occur on November 1st. The term of service is eighteen months, and the advantages of the position are well known. Information concerning applications for these positions, may be obtained of Dr. T. M. Strong, chief of staff.

"MERCK'S BULLETIN," for June, 1889, (delayed a few weeks in publication) contains a highly valuable table of maximal doses — by grains and grammes — for 113 of the newer remedies, for the majority of which no reliable dose limits have hitherto been published in this country. Publication office, No. 73 William street, New York.

AMONG the changes in the *personnel* of the Faculty of the Homœopathic Department of the University of Michigan, at Ann Arbor, we take pleasure in noting the following: Dr. Charles S. Mack, recently of Boston, has been secured to succeed Prof. Arndt, in the chair of Materia Medica and Therapeutics. Dr. Charles Gatchell, so long connected with the *Medical Era*, has been reappointed to the chair of Theory and Practice vacated by Dr. D. A. McLachlan, who takes the new chair of Ophthalmology, Otology, and Pædology.

DR. W. H. DAV, of London, reports two interesting cases. One, the case of a child eight months old who was brought up by hand, did not thrive owing to flatulent distension of the bowels, and constipation, the motions being hard and pebbly, with much straining in defæcation. Mellin's Food mixed with milk quickly overcame these troubles, and the child soon became strong and healthy. In another

case, a child aged one year, also brought up by hand, was very constipated, thin, and whining, with the wrinkled face of abdominal trouble. It was rapidly passing from bad to worse. From the day Mellin's Food was given, an improvement set in, the sickness ceased, the abdomen became soft, and the action of the bowels was healthy and regular.

STERLING, ILL., January 19th, 1889. To Messrs. Reed & Carnrick. Gentlemen: Allow me to congratulate you upon the efficient and elegant combination, Phospho-Caffein Compound, for headaches, neuralgia, insomnia, neurasthenia and general nervous irritability. I have never found its equal. I have had the satisfaction of getting early and satisfactory results, and therefore cheerfully recommend it to the general practitioner as a valuable combination. Very truly yours, Jno. B. Crandall, M.D., Health Commissioner City of Sterling, President U. S. Examining Board of Surgery for Pensions.

TREATMENT FOR CATARRHAL AFFECTIONS OF THE THROAT. Dr. G. B. Hope. 34 W. 51st street, New York, attending surgeon Metropolitan Throat Hospital, and professor diseases of the throat, University of Vermont, says: "For a long time I have been employing Horsford's Acid Phosphate as a constitutional treatment for catarrhal affections of the throat. I consider it to be among the very best tonic excitants of the vocal organs, and particularly applicable in relieving the fatigue and huskiness of voice incident to those who pursue a professional career of actor or vocalist, and far preferable to the various forms of wines now so generally recommended for this purpose. I have seen no other allusion to its employment in this direction, which I believe you are perfectly safe in recommending, both from a theoretical and practical point of view."

MORE ABOUT THE LONDONDERRY LITHIA WATER. From the *Journal of Balneology*, (devoted to the interests of natural spring waters.) "Lithia Springs." The group of natural lithia waters is very small, only two or three having attracted any attention from the medical profession. Of this group, the Londonderry Lithia of New Hampshire, is by far the richest in lithium, and the most in favor at the present time. Professor Peale, the government chemist, recognizes no other as a strictly lithia water, because the per cent. of lithium to the other ingredients is so small. The work this water is doing is so decisive that it wins the confidence of all, no matter what their previous prejudices may have been. We know of many eminent physicians who prescribe this water as an anti-lithic, with as much confidence as they would prescribe quinine as an anti-periodic. Another question arises here, and that relates to the desirability of sending patients to the springs. We believe this to be entirely unnecessary. The habit of writing "the springs," results from the fact that in these degenerate days, much of the mineral water is crudely artificial, and a resort to the springs is the only protection from imposture. That which is true of other waters is true of lithia waters, and there are in the drug market certain fluids in bottles which are labelled "lithia," and knoweth not the way and salts of lithium. There is involved the further question as to whether alkaline waters lose by being bottled, in any essential chemical consideration of value, for it is evident that if a water is made to lack the therapeutical or chemical qualities by reason of removal from its source, it were better not to consider its availability. That is a poor book indeed, that must be read the day it is published if at all. We are prepared to state that chemically and therapeutically, the Londonderry lithia in no way deteriorates by standing upon the druggists' counter. Absolute freshness may be guaranteed so long as the demand, as at present, equals the supply. Of all the alkalies, it is the lithia in this water which forms the most soluble salt with uric acid, and is the least liable to oxidation. It follows, therefore, that it must be valuable to keep the uric acid in solution, and prevent its deposit in the tissues. Besides this the action of the water is such as to produce digestive activity, preventing the formation of so much nitrogenous waste into uric acid, and converting it, wherever found in its circuit through the system, into the harmless urate of lithium. Fact and theory join hands in commending this valuable spring water, and we think it no breach of therapeutical license to pronounce it the most wonderful American mineral water. It is not our province to advocate the water, but to assign to it its true place in the physicians' armamentarium. We leave it to our readers to verify our claims, and leave our columns open for any honest opinion.

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EDITORIAL.

—:O:—

A CRITICAL ANALYSIS OF *CIMICIFUGA*.

The *North American Journal of Homæopathy*, in its August issue, gives, as a companion to Dr. O'Connor's fine study of gelsemium, published a short time ago, a critical analysis of *cimicifuga*, made on the general plan given to the profession by the GAZETTE, at the close of the last and the opening of the present year, and presenting deeply interesting results. Drs. Porter and Pearsall, to whose labors the analysis is due, state their conclusions briefly, definitely and modestly, claiming for their work and the plan on which it is based, neither finality nor perfection. Such studies, so presented, are of infinite interest and value to the scientist, and by him are sure of grateful welcome. Stripped by the ruthless rule of "congruence," of much that is startling, sensational, and dear to the seeker for "key notes," the pathogenesis of *cimicifuga*, as established by the analysis, shows many symptoms of great value, and shows them to be solidly established "in the mouth of many witnesses." By such symptoms the conscientious practitioner may safely allow himself to be guided, in intelligent obedience to the rule of *similia*.

We commend the study of this *cimicifuga* chart to every earnest student of materia medica. We cannot deny ourselves the pleasure of quoting, for our readers, the summary which follows and epitomizes the chart, and also the immensely interesting "Comparison of Therapeutic Indications." Nothing could illustrate more clearly the difference between the vagaries of empiricism and the simplicities of scientific proving, than the

careful reading of these brief columns of "comparison." It is nothing less than amazing to note how the bulk of the wild and sensational symptoms, under which the pages of our text-books and the memories of our students have so long groaned, will be shown, in the searching light of analysis, to have originated not from provings of the drug on a healthy organism, but from irresponsible guesses wrought into clinical records. Take, for instance, the "mind" symptoms of *cinicifuga*, which the text-books state to resemble delirium tremens, with visions of "cats, dogs, rats and sheep;" and then remark how these zoölogical terrors are resolved, in the established provings, into "dullness, heaviness," etc.—not even a rat's tail left! It is, of course, for the individual physician to decide whether he will place his dependence on the provings made on the healthy organism—which is homœopathy—or on the unconfirmed notes of so-called clinical observations; which is empiricism. But if they choose the latter, we fail to see on what basis they can rest claims to be followers of the *Organon*.

Here, then, are summary and comparisons reprinted with the GAZETTE's sincerest congratulations to Drs. Porter and Pearsall for their substantial contribution to the cause of a scientific materia medica:—

SUMMARY.

Mind.—Dullness, heaviness, depression.
Inability to fix the attention on any subject.

Head.—Vertigo.

The pains in the head are dull, full and pressive; felt principally in the forehead, vertex and occiput.

Pains passing from the eyes or forehead, through or over the head, to the vertex and occiput.

Eyes.—Sensation of swelling, or heaviness of the eyelids (as if from a cold.)
Aching pain in the eyeballs. Pupils dilated.

Stool.—Thin, loose, undigested, light-colored stool.

Urinary Organs.—Increased flow of urine.

Respiratory Organs.—Hoarseness.

Short, dry cough, caused by tickling in the larynx.

Chest.—Acute or lancinating pain in the chest, aggravated by motion or a deep inspiration.

Heart and Pulse.—Pulse feeble and depressed.

Pulse increased.

Nose.—Frequent sneezing.

Fluent coryza.

Face and Mouth.—Dry lips.

Unpleasant taste in the mouth.

Throat.—Sore throat, fulness and rawness of throat, with redness and inflammation of palate and uvula.

Stomach.—Loss of appetite with repugnance.

Nausea.

Uneasy, faint feeling in the stomach.

Sharp pain in the epigastrium.

Abdomen.—Acute pain in the abdomen, about and below the umbilicus.

Flatulence and fulness in the abdomen.

Rectum and Anus.—Disposition toward diarrhœa.

Feeling as though diarrhœa were about to occur.

Diarrhœa in the morning at 3 A.M.

Neck and Back.—Dull, heavy pain, or stiffness, in the neck.

Backache; dull pain in the back.

Extremities in General.—Pain in all the limbs.

Upper and Lower Extremities.—Aching and stiffness in the ankles and in region of tendon Achilles.

Pain in the great toes.

Fatigued, weak feeling in the lower limbs.

Generalities.—Restless, uneasy.

Skin.—Eruption resembling mosquito-bites.

Sleep and Dreams.—Drowsiness, somnolency.

Sleep restless and disturbed, especially after midnight.

Unpleasant dreams.

Fever, etc.—General chilliness, with cold sweat.

COMPARISON OF THERAPEUTIC INDICATIONS FROM RAUE AND ARNDT, WITH SUMMARY.

Therapeutic Indications.

Summary.

Mind.

Delirium like delirium tremens; sees cats, dogs, rats, sheep, etc. Restlessness and fear of death. Incessant talking and changing from one subject to another. Melancholly. Indifferent, taciturn.

Dullness, heaviness, depression. Inability to fix the attention on any subject.

Head.

Intense pain through head as if a bolt were driven from neck to vertex with every throb of the heart.

Intense headache.

Sharp pains from neck to vertex.

Sharp neuralgic pains through eyes into the head.

Great pain in head and eyeballs, aggravated by slightest motion of them.

Vertigo.

The pains in the head dull, full and pressive, and are felt principally in forehead, vertex and occiput.

Pains passing from the eyes or forehead, through or over the head to the vertex and occiput.

Eyes.

Intense pain in eyeballs.
Dilated pupils.

Sensation of swelling or heaviness in the eyeballs (as if from a cold.) Aching pain in the eyeballs. Pupils dilated.

Nose.

Frequent sneezing.
Fluent coryza.

Face, Mouth and Throat.

Tongue swollen, or red and raw.
Redness of fauces and palate.
Facial neuralgia, especially if a reflex pain dependent on uterine disturbances.

Dry lips. Unpleasant taste in mouth.
Sore throat. Fullness and rawness of throat, with redness and inflammation of palate and uvula.

Stomach.

Nausea and retching.

Loss of appetite with repugnance; nausea. Uneasy, faint feeling in the stomach.

Sharp pain in the epigastrium.

Abdomen.

Tenderness of hypogastric region
(with uterine disorders.)

Acute, sharp pain in abdomen, about and below the umbilicus. Flatulence and fullness.

Rectum and Anus.

Diarrhœa.

Disposition toward diarrhœa. Feeling as though diarrhœa were about to occur.

Diarrhœa in morning at 3 A.M.

Stool.

Thin, loose, undigested, light-colored stool.

Urinary Organs.

Increased flow of urine.

Female Sexual Organs.

Menstrual flow profuse and too early; dark, clotted blood; aching in all the limbs; severe pain in the back, down the thighs and through the hips, with heavy pressing down; weeping mood; nervousness; great pain in head and eyeballs.

Respiratory Organs.

Cough excited by every attempt to speak, so that one is obliged to desist.
Dry, harrassing cough.

Hoarseness.
Short, dry cough, caused by tickling in the larynx.

Chest.

Pain in right side of chest.
Intercostal neuralgia.

Acute or lancinating pain in chest, aggravated by motion or deep inspiration.

Heart and Pulse.

A catching pain in region of heart, worse when bending forward or on moving. Quick, full pulse. Palpitation and faintness.

Pulse feeble and depressed.
Pulse increased.

Neck and Back.

Pain at the base of the brain and up and down the whole length of the spine; stiffness of neck and back; violent pain in small of back.

Dull, heavy pain, or stiffness, in the neck.

Backache; dull pain in the back.

Extremities.

Tonic and clonic spasms; tremors of limbs; epileptiform spasms at or about the menstrual period.

Articular rheumatism of the lower extremities, with much heat and swelling of the parts.

Choreic spasms, chiefly on left side, increased during menses; after suppression of menses; from rheumatic irritation. Subsultus tendinum.

Pain in all the limbs.

Aching and stiffness in the ankles and in region of tendon Achilles.

Pain in great toes.

Fatigued and weak feeling in the lower limbs.

Generalities.

Reflex pains in different parts of the body from uterine troubles. Soreness and stiffness of muscles generally.

Restless, uneasy.

Skin.

Great sensitiveness of skin.

Eruption resembling mosquito-bites.

Sleep and Dreams.

Sleeplessness. Unpleasant dreams of negroes, devils, etc.

Drowsiness and somnolency.

Sleep restless and disturbed, especially after midnight. Unpleasant dreams.

Fever.

Creeping chills in the back; profuse, sometimes cold, perspiration all over. Night sweats. Frequent alternation of heat and cold in different parts of the body.

General chilliness with cold sweat.

EDITORIAL NOTES AND COMMENTS.

—:O:—

"PECULIAR SYMPTOMS," their value and trustworthiness, seems to be one of the leading points at issue between those who affirm, and those who deny the necessity of a reform in our materia medica. In the consequent dispute, the position of the

reformers seems to be often misstated and misunderstood. It is assumed that they attach no value to "peculiar symptoms;" an assumption wholly unwarranted. On the contrary they fully recognize and admit the immense convenience of a peculiar symptom, as a guide to the selection of a particular drug; their only demand is, that said peculiar symptom shall bring honest and convincing proof that it has really been produced, *in the healthy human organism*, by the drug to which it would attach itself. Can any exact and candid thinker, can any true homœopathist claim this to be an unreasonable demand? The trouble with most "peculiar symptoms" is, that they graduate into our materia medica, not from any proving whatever, good or bad, but from some so-called "clinical observation": with the best reasons in the world for believing that they sprung, if not from imagination pure and simple, then from the diseased condition for which a drug was administered, and not at all from the drug itself. The reformers of the materia medica make no demand that an odd symptom shall be thrown into the waste-basket, because it occurs in but a single proving, provided it be a proving in which it occurs: but they do demand that it be resolutely challenged and tested. For instance, they would ask, does the proving in which it occurs present, otherwise, symptoms congruent with those observed by other provers? And again, and most importantly, has the prover been tried at appropriate intervals, with other drugs, and with inert substances, and thus proof been secured that his "peculiar symptoms" are not personal idiosyncrasies, not dependable on any drug whatever? In this enlightened age, the effect of the imagination in bringing about every sort of odd result, is something no candid, no reasonable thinker can possibly refuse to reckon with. If clinically the imagination brings about such wonderful happenings, what may it not do, pathogenetically? Who has not read of the physician who very lately announced his intention of testing the Brown-Séquard injections; dozens of candidates presented themselves; injections were carefully made; three or four aged patients announced themselves as wonderfully rejuvenated; enthusiasm grew apace; and suddenly the physician unkindly quenched the joy in the new discovery by incidentally admitting

that the substance injected by him was pure gum-arabic mucilage! Now was not the rejuvenation of these patients as well established a "clinical fact" as many a one on which we are expected to base faith and practice? In the face of thousands of such "facts" is the demand for exact tests and guarded experiment anything radical, heretical, revolutionary?

By all means "peculiar symptoms," brethren, if honestly obtained. But not "peculiar symptoms" incorporated into our *materia medica* after a single statement of their occurrence; and that statement occurring (as has more than once been the case) in a menstruating woman, or a man lately recovered from syphilitic infection, or in ANYONE not boasting the "healthy organism" which Samuel Hahnemann, and every-day common-sense unite in demanding as the antecedent condition in a reliable proving.

Nothing can be more mistaken than the assumption that if — as reformers do not in the least demand, — symptoms occurring in one prover only, were not held in abeyance for careful testing, but thrown away altogether, there would remain only the symptoms "common to every disease and to almost every drug." The pathogeneses of the few drugs already critically analyzed, — hyoscyamus, gelsemium, iodine, cimicifuga and others — triumphantly demonstrate that there are verified, solidly established symptoms belonging to each drug and to that drug individually. Not perhaps sensational symptoms. In time it may be admitted that sensational symptoms are not indispensable to close and useful prescribing. Meanwhile, while constantly-occurring cases of measles, scarlet-fever and scores of like diseases continue to present, in patients of the most widely-differing temperaments, almost identically the same general symptoms, the scientific homœopathist will feel well satisfied to slowly add to his revised *materia medica* those drugs, which, like disease-poisons, are capable of producing their symptoms over and over again, in provers of widely differing temperament. The peculiar symptoms are not scorned. They are but reasonably requested to take their place with all exceptions: viz. to wait for study, test and acceptance until we have established and proved a rule.

DOES HOMŒOPATHY OWE ALL ITS VICTORIES TO ITS DRUG-RECORDS is a question fairly to be asked, and in seeking whose answer we may all grow wiser. Opponents of reform in our materia medica point to our work already accomplished, with the claim that drugs and drugs alone have done that work ; and to challenge our drug-records as now existing, is therefore as unreasonable as ungrateful. It must be said, in the beginning, that without doubt many drugs of the homœopathic materia medica, as now existing, have done service beyond challenge and beyond praise. Every fresh study and analysis of such drugs but demonstrates their great, unvarying power to cause certain well-defined, universal and unmistakable symptoms ; and such symptoms under our rule of *similia*, these drugs always have, in any possibly curable case, cured and always will cure. But that all the victories of homœopathy are due to its drugs, is a claim which lacks support. We must remember not only what homœopathy established, but what its acceptance did away with. We must remember what abominable practices were in vogue in the "regular" school of medicine, at the time of the introduction of homœopathy ; venesection, leeching, cupping, purging, privation of fresh water and fresh air ; and we must compute, in taking into account that enormous difference in mortality statistics between the old school and the new, which was the prime agent in the establishment of the latter in public favor, what per cent. of that difference is owing to what may be called the negative influences of homœopathy ; the deadly follies it abolished. To such abolition, to the heavenly common-sense of the hygiene it has the immortal honor of inaugurating, and which stands entirely apart from drugs and their application, homœopathy beyond question, owes many of its earliest victories. Just how many of those victories it owes to drugs is an entirely open question, and one which its scientific followers are to-day endeavoring, in all fair-mindedness, to solve. One factor in its solution is the comparison of homœopathic statistics with "expectant" statistics, which as a rule, are the most favorable the old school has to show. Such comparison it must frankly and almost at a glance be admitted, shows in no disease the phenomenal and overwhelming differences discoverable in

old and new school statistics of three quarters of a century ago. The universal insistence of all legitimate — *i. e.* well-educated and honest intentioned — physicians, on hygienic conditions in the sick-room, has done incalculably much to equalize the chances of patients under old-school and new-school treatment. *Exactly the odds in favor of homœopathy, in the mortality statistics of homœopathy as compared with the "expectancy" of to-day,* hygienic conditions being equal: — this and this ONLY is what can be credited to our materia medica and our rule of treatment, not only in the present but in the past. Are these odds so overwhelming that we may rest supinely content in the tale they tell? Fortunately for homœopathy, its most thoughtful physicians say no. They realize that if the odds which exist were won with a deeply defective materia medica, still greater odds may be won by a materia medica sifted of its chaff. There is not a claim for the reliability of our materia medica as it now stands, which cannot be overthrown and easily overthrown, in an hour's logical argument. We want a materia medica whose claims to reliability are as patent to our enemies as to ourselves: that demands neither faith nor name-worship, but only willingness in fair experiment to commend it to all thinking men. And such a materia medica we have warm hope is, in patient course of time, to be ours.

THE HEALTH OF GYPSIES would be, if at first sight a somewhat odd, certainly a very interesting subject on which to observe and report. Mr. Charles Leland who, more than any other man in this country, and perhaps in the world, has made this peculiar people his close study, would do a substantial service to the cause of hygiene and preventive medicine, by giving us exact information as to what diseases are common, and what diseases rare among the gypsies. For, as has been lately pointed out by Mr. Wakeman, in a highly entertaining article published in the *Annals of Hygiene* and quoted editorially in the *Medical Record*, the hygienic conditions of life among the gypsies are altogether peculiar. A people who never know more confining shelter from fresh air than is afforded by the walls of a tent; a people with whom personal cleanliness is

almost a cult; and lastly and most importantly a people with whom unchastity is practically unknown: . . . "Such a thing as disloyalty of wife to husband or husband to wife, has yet to be recorded of a gypsy on the European or American continents: . . . they furthermore regard chastity as essential a virtue in man as in woman;" . . . such a people as this should, if hygienic teaching has any foundation, be almost guaranteed against known forms of disease, and certain of living out the full measure of their three score years and ten.

So little we know of the worlds which revolve within our known world of every day, it may be necessary to explain that "gypsy" is here used in its strict and accurate meaning of the Romany people: those strange tribes, whose vagabondage is older than any known civilization; whose language can be traced to an antiquity which leaves Greek and Latin young; and whose confusion of title with any unwashed vagabond is as common as it is entirely erroneous. Since a medical magazine may legitimately enough hint at a prescription in which drugs have no part, we may suggest that the reading of Mr. Leland's book on "The Gypsies" is a capital way of giving the mind an airing. And we are sure that the physician who has enjoyed it, will agree with us, that it would be of the greatest interest and the greatest importance to have reliable health statistics of a people with whom fresh air, cleanliness and chastity have obtained for thousands of years.

COMMUNICATIONS.

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NOTES ON LAWSON TAIT: SURGEON AND GENTLEMAN.

BY H. I. OSTROM, M.D.

BIRMINGHAM, ENGLAND, Aug., 1889.

My dear Editor:—In fulfilling my promise to tell you something of Mr. Lawson Tait, and his work during the three months that I have been with him, I find it very difficult to know where to begin; and I am confident that, having begun, I shall find it equally difficult to know where to stop. So entirely unique is this remarkable man, that to be able to understand his work, and appreciate its relation to surgery in general, one must unlearn much of one's early teaching, and must hold tradition in slight esteem.

Broadly speaking, Mr. Tait questions everything, and those uses sanctified by age are unhesitatingly discarded if they do not agree with his theory. His surgical creed is simplicity and directness of purpose, and this seems rather singular, for though not a Catholic himself, he is not far removed from the famous arch-bishop whose name he bears. The work since I came here has been so extensive, and varied, that I feel it to be impossible to give even a general description of it, in the brief space of a letter. The operations range from repair of a ruptured perineum, to removal of the entire uterus, and of course within this gamut is every conceivable form and complication of abdominal surgery. Simply to take these two extremes that I have mentioned. As you know, Mr. Tait has his peculiar method of operating upon a ruptured perineum, and I am forced to say, that the results are better than from any other operation so far proposed. He avoids the frequently fatal mistake of cutting away tissue, and simply splits the line of the old rupture. It is essentially in principle, the operation for vesico-vaginal fistula, adapted to the perineum. For this operation he always uses silk-worm-gut, and leaves the suture in, generally several weeks, though this is mere matter of convenience, and like many other matters of slight importance Mr. Tait takes little heed of them. He does the operation very rapidly, frequently in three or four minutes, and then does not trouble himself further about the case. In no case that I have seen or heard of, has he failed to obtain a good firm perineum.

Mr. Tait's operation for removing solid tumors of the broad ligament, and uterine myoma, are really wonderful pieces of work, and in them he is very successful. Thus he almost always enucleates, stripping off the peritoneum, forming his pedicle within the cavity which results. One very large myoma in a lady over sixty years of age, which we had about a month ago, showed to perfection the great advantages of this method over the older one of including the peritoneum within the pedicle. In the present case, had this been done, I am confident that the tension would have been so great as to cause constriction of the intestine. She made a perfect and rapid recovery. Mr. Tait's method of treating the pedicle, is in some respects opposed to what is generally looked upon as necessary in dealing with sloughing tissue. After adjusting the wire clamp, which he always uses, he trims down the pedicle as small as possible, and dresses it with bits of dry lint, on which he pours per-chloride of iron and glycerine. Pads of cotton-wool are placed over and around this, and over this the bandage. If there is no bleeding, the pedicle is not touched until the tenth or fourteenth day, when the clamp is removed. After that nothing more is done

until the slough falls off. His results are good, but sometimes the odor is rather strong. Three or four times I have seen him pour a little carbolic acid and glycerine on the dressing "to prevent the smell," but I could not see that this made much change.

Of course Lawson Tait the surgeon, is the most interesting picture to the world, but as the genial host and companion, he is no less interesting to those who have fortunately enjoyed this side of the great man. Whether at his charming country-seat in the new Forest, Hampshire, or on his steam launch sailing up the Avon, Thames, or Severn, he dispenses hospitality with a liberal hand, and for the time throwing aside the qualities that have made his name almost a household word, he becomes the entertainer, and "jolly good fellow." By these periods of complete relaxation, he is able to do the almost phenomenal work that he accomplishes.

I fear I have already exhausted your patience, but I need not say that much remains to be said of Mr. Tait and his school of gynecology. When I return, early in October, I shall hope to give you some interesting cases that I have seen here.

Believe me yours,

H. I. OSTROM.

A CASE OF QUADRUPLETS.

BY GEO. A. SLOCOMB, M.D., MILLBURY, MASS.

[*Read before the Worcester County Homœopathic Medical Society.*]

It is with genuine pleasure that I report to this society an undoubted case of quadruple pregnancy, in which four children were born alive at one birth. A brief reference to the question of multiple births may be of interest at this time. It seems to be quite generally considered that twins occur once in about seventy to eighty labors, and triplets once in every three thousand or four thousand. Although quadruple cases are so rare as to defy anything like an accurate calculation, yet such instances cannot be called in question. Men of authority and character have declared their observance of five at a birth, and the books give one instance where five children survived their baptism. At five we should draw the line, and conclude that more than this number ought to be classed among the fabulous tales. In my own investigation of the frequency of quadruple births, I have not found a single instance where the children lived as long as the DeGroote babies. Irresponsible newspaper reports have received no consideration. About the time of our Millbury experience, there was a newspaper report of six children at a birth

in Texas. Prompt investigation through trustworthy channels proved its falsity, not even a single birth in the distinct locality mentioned, having taken place to give rise to the absurd rumor.

Although it is an interesting question, we will not attempt any discussion of the cause of the preternatural fecundity giving origin to quadruple pregnancies. When, early in September, 1888, I noted in my engagement book the expected confinement of Mrs. Frank DeGroote, for the middle of November, it was, of course, without a suspicion of the memorable experience that was in store for me. Mrs. DeGroote was thirty-one years of age and the mother of five children. I had attended her in her last two confinements. My father was her physician in one confinement, and two children were born in another state. Mr. DeGroote was born in Germany. His wife was born in this country of German parents. They were poor people and the prospect of another increase in their family was not a welcome anticipation. To this time, Mrs. DeGroote's labors had been of the most routine character. The only instance of multiple pregnancy discoverable in the family history, was a case of triplets by a cousin of the husband's mother. With this preface, I will describe the labor as briefly as possible.

On the morning of Nov. 2, 1888, my patient, believing that her labor was impending, sought her mother's home. Mrs. Neudeck, the mother of Mrs. DeGroote, left her daughter in charge of a kind neighbor, and then went to her daughter's home to do some needed work for her grandchildren. On her way thence she stopped at my office.

About 10.30 o'clock, I drove over to see my patient.

Noticing that labor had already begun, and being advised that she could not stand alone, nor move from one chair to another, because of the weight and sore condition of her bowels, I had her put to bed immediately. Observing her large and pendulous abdomen, her difficult and painful movement, the thought came to me that possibly we had a twin pregnancy to deal with. On examination the os was found fully dilated, and the head presenting in the first position. Expulsive pains came on rapidly, and at 11.30 o'clock a fair sized female child was delivered.

The pains continued unabated, and thinking I might hasten the expulsion of the placenta, I made careful traction on the cord. But there was no yielding whatever, and with a view to ascertaining the cause, and not, I believe, with any expectation of finding another head presenting, I passed my finger along the cord, and met the head of a second child presenting as before. Delivery of a second female child was accomplished by three or four effective pains. In a practice of ten years, during which I had attended a goodly number of confinements, this was the

first case of twins that had come to my hands, and for a few minutes I contemplated with some satisfaction my initial case.

Five minutes after the birth of the second baby, noticing that pulsation had ceased in both cords, I tied them and handed the two babies to the neighbor who was temporarily acting as nurse during Mrs. Neudeck's absence. But still the pains persistently refused to yield. Again thinking to relieve my patient, I made further traction on the cords, and again they seemed firmly held. Further examination revealed the presence of another vertex. Exactly as in the second delivery, the third took place, and thus I was having the novel experience of twins and triplets at the same confinement. Again my patient found no relief. The same exasperating pains continued. Not even then, with my previous experience to guide me, did I think of the possibility of another baby. Taking the cords in my hand, which, by the way, had by this time accumulated to quite a handful, I made gentle traction, and with better results, for the placenta seemed to yield. Then followed one continuous pain, there was a sudden gush, and not the placenta, but a fourth girl-baby met my astounded gaze.

The fourth baby was never diagnosed, its precipitate appearance in the bed being the first evidence of its presentation.

In due time the cords were tied, and the second set of twins taken out to the nurse, who was dumb with astonishment. Returning to my patient, I again essayed the oft-repeated traction. Taking one of the larger cords, by careful pulling I soon withdrew a very large placenta, to which were attached two well developed cords.

Still encouraging my patient to give full effect to her pains, we were soon rewarded by the appearance of two additional placenta of moderate size, each having a separate cord.

Mrs. DeGroote made a good recovery, and was dressed and about the house in ten days. Two of the babies weighed 4 3-4 lbs. apiece; one, 5 lbs.; and one weighed but 3 lbs. The aggregate weight of all was 17 1-2 lbs. The three largest children seemed as healthy as need be, and there seemed no reason why they should not live, barring, of course, the ordinary dangers of infantile life; but the little three-pound girl had too small vitality to place any dependence upon.

This little one lived just four weeks. Very soon marasmus developed in the remaining three and they died in rapid succession. The second to go, lived one month and twenty-three days; the third, one month and twenty-seven days; and the last, two months and four days.

Thus this remarkable exhibition of nature's wonderful procreative powers, came to a disastrous end.

TYPHOID FEVER STATISTICS.

H. E. SPALDING, M.D., HINGHAM, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

"In the council of many there is wisdom" is a saying that is often equally true and trite, hence when it was decided that the Committee on Clinical Medicine should take Typhoid Fever as a special subject for consideration, we determined to bring into the work, as sharply and briefly as possible, the council of as large a number of our fellows as we might. Accordingly we mailed to them the following circular, and a sheet of the questions which, in this paper, stand at the head of the various sections.

DEAR DOCTOR:—The Committee on Clinical Medicine have selected Typhoid Fever as a special subject on which to report at the April meeting of the Massachusetts Homœopathic Medical Society. The fact that this disease has been quite prevalent and perhaps epidemic, in some sections during the last few months, has led us to this decision.

It is planned to have a two days' session, which will give us ample time for making our report and for a free discussion. To make this report all that it can be, and *should be*, the committee must have the hearty cooperation of the entire society. Of course the six members of the committee can report the personal experiences and observations of only six persons. We are not seeking for textbook theories, but results of *individual, personal work and observation*. If each member of the society will perform his part, we shall have a fund of *live experience* of great value. Will you "stand up and be counted" as a worker? We believe so; and believing so, have prepared this circular, the questions in which we hope you will fully and promptly answer, and return it to the chairman before *March 1st*.

Should the blank not give you sufficient space for answering the questions fully or to present any other facts of interest not brought out by the questions, we hope that you will prepare a more complete paper that can be presented to the society by you. If you will do so please notify the chairman of the committee early.

While we have chosen Typhoid Fever as a *special* subject for consideration, we shall be glad to have presented papers on any other subject properly coming within the scope of this bureau. Especially would we ask that if *epidemics of any disease* have been met with during the year they be reported in detail to the society.

For the Committee.

HENRY E. SPALDING, M.D.,
Chairman.

Hotel Cluny, Boston, Jan. 1, 1889.

These were mailed to 250 physicians. We regret, however, to say that only thirty-three responded. We regret it the more because the reports received are of such a character that could there have been four or five times as many, we are sure that they would have been of more than the proportionately larger value. With a larger number some use might have been made of properly arranged tabulated facts. As it is we have tried to extract from the reports received those portions that seemed of special value, and to arrange the matter as seemed best, considering the amount of material.

The following physicians sent reports: F. L. Babcock, Dedham; S. W. Hopkins, Lynn; A. M. Cushing, Springfield; J. K. Warren, Worcester; B. L. Dwinell, Taunton; J. Heber

Smith, Boston; J. W. Hayward, Taunton; E. U. Jones, Taunton; N. R. Perkins, Winchendon; E. P. Colby, Wakefield; C. R. Rogers, Plymouth; Lamson Allen, Southbridge; C. W. Scott, Lawrence; A. J. French, Lawrence; E. B. Holt, Lowell; A. H. Tompkins, Jamaica Plain; H. L. Chase, Cambridge; H. J. Little, Norwell; Samuel Calderwood, Boston; Charles Leeds, Chelsea; George H. Earle, Wareham; G. R. Southwick, Boston; James Utley, Newton; John J. Shaw, Plymouth; D. B. Whittier, Fitchburg; Stella Manning-Perkins, Lynn; Charles L. Nichols, Worcester; J. K. Culver, Boston; F. W. Halsey, Boston; S. H. Blodgett, Cambridge; E. P. Scales, Newton; F. P. Glazier, Hudson, and my own report from practice in Hingham. The names of many of our busiest practitioners will be recognized in this list.

The aggregate number of years of practice represented here is four hundred and forty-one, or an average of nearly fourteen years each.

NO EPIDEMICS OF TYPHOID have been reported except such as are indicated in answers to question No. 3.

THE STATISTICS OF DEATHS asked for in the various years between 1870 to 1886 were reported from so few towns and cities as to render a statistical table, such as was intended, of no avail. In Boston the disease has been quite prevalent during the last seven years, and the percentage of mortality is so large as to lead us to suspect that the half of the cases have not been reported to the board. We are not willing to believe that whether the treatment has been homœopathic, heroic or expectant, one-fifth of all the cases have died. This same fact may be pertinent to reports from other places, more especially cities. In fact very few of the country towns require that all cases shall be reported to health officers. Hence the truest comparative estimate of the number of cases would doubtless be derived from the number of deaths recorded. In Lowell the number of deaths has increased from 23 in 1870 and 36 in 1880, to 88 in 1889 and 60 in 1888. The increase is evidently considerably greater than the increase in population warrants. In Worcester the reverse obtains. In 1875 and 1880 there were respectively 23 and 36 deaths, while with quite a considerable increase in population, there were in 1887 and 1888 only 13 and 23 respectively. In Lynn there has been no apparent change during these years.

WAS ANY SPECIAL EFFORT MADE TO DISCOVER THE CAUSE OF THE EPIDEMIC? WITH WHAT RESULT?

Dr. Chase, Cambridge, writes as follows:—

"In 1886 there was an unusual number of cases, not enough to call it epidemic. There were 132 cases, with 21 deaths. It

was discovered that a milkman who had 80 customers, obtained his milk from a farm in New Hampshire, where there was a case of typhoid fever. Of this man's customers over 70 had typhoid. The well on this New Hampshire farm was within twelve feet of the privy and the cans were rinsed in water from it."

It will be worthy of note that in 1885 there were but 64 cases reported and in previous years a like small number. Since gaining so strong a foothold in 1886, it seems never to have been quite expelled, there having been reported 125 cases in 1887, and 165 in 1888.

Dr. Chase adds, "I have not been able with certainty, to trace the contagion except as above. During 1888 the Board of Health made strict search but with futile results."

Dr. Babcock, Dedham : —

"While there has been no severe epidemic, there have been more or less cases in the various sections of the town until 1887. At that time a new water supply was introduced, since which there has been little typhoid.

At one time several families having the disease drew water from a common well, which is supposed to have been contaminated."

E. U. Jones, Taunton : —

"No decided light has yet been shown as to cause."

A. J. French, Lawrence : —

"On two occasions the cause was supposed to be from vegetable decomposition where ponds and a river had been dried up."

IN SPORADIC CASES, TO WHAT VARIOUS SOURCES HAVE YOU BEEN ABLE TO TRACE THE CONTAGION? (Please give particulars.)

Dr. F. W. Halsey : —

Gives his experience with typhoid in Middlebury, Vt., where "typhoid was a regular thing every fall."

"Although the disease was at no time epidemic, its visitation every fall and at almost no other time in the year was peculiar. The drainage in town was entirely surface and the natural inference would be, that the heavier the rain-fall the better chance for carrying off the refuse and keeping things pure and clean. Exactly the contrary however, proved to be the case, for an unusually wet fall brought more than ever of typhoid. I was often able to trace the probable source to some heap of decaying vegetable refuse near the house ; a neglected cess-pool near by ; but more often than all others to the proximity of the water-closet to the well, in many instances not more than twenty or thirty feet separating them."

Dr. E. U. Jones, Taunton :—

"An unsanitary condition of the patient's surroundings certainly influences the *course* and *fatality* of the disease, but no decided light has yet been shown as to the cause. In my position as health officer I have cases of probable enteric fever reported to me by physicians as typhoid, and I am obliged to record them as such. The source of the 'contagion' of typhoid or enteric fever seems to me, from my private professional and public official investigations, to be multiple. May it not be a question whether 'contagion' exists at all?"

J. W. Hayward, Taunton :—

"Impure water; possibly to filthy surroundings and the effluvia therefrom; and to contagion."

B. L. Dwinell, Taunton :—

"Filth, impure water."

George H. Earle, Wareham :—

"In one case from a defective sink drain."

F. P. Glazier, Hudson :—

"Generally imperfect sanitary arrangements. One case Aug. 1887. A blacksmith, whose shop was in the rear of two large shoe factories, the privies of which were very offensive. The privy of his house was over a barn cellar into which was thrown the decomposing refuse from a fish market."

S. H. Blodgett, Cambridge :—

"One case was due, I think, to a broken drain which allowed most of the sewage from the house to soak into the cellar floor. Other than this, I have been unable to find more than *possible* cause, and not always this."

D. B. Whittier, Fitchburg :—

"Atmospheric influences, supposed."

E. P. Scales, Newton :—

"To debilitated physical condition succeeded by 'a cold;' imperfect sewerage, impure drinking water, and in one case, to a drain pipe from a refrigerator running into the soil pipe."

S. W. Hopkins, Lynn :—

"In one case, an abandoned well was used as a cesspool, which overflowed into the cellar and stood in pools until it soaked into the ground at the dry season of the year. Another case from drinking water from a well into which sewage flowed. Am not able always to find any cause."

Stella Manning-Perkins, Lynn :—

"Contaminated wells. In several cases the disease seemed to have been contracted in mountain hotels and boarding houses and developed after returning to Lynn."

Charles L. Nichols, Worcester :—

"Want of proper drainage; decomposing vegetable matter;

an entire family of five persons contracted the disease from decaying sawdust, which covered ice stored in the cellar."

H. E. Spalding, Hingham :—

"Very few cases, except of imported origin have been seen in Hingham during the last twenty-three years. There have been three cases in the hotel, but with an interval of several years between them, and no other inmates having the disease, it is fair to suppose that the disease was contracted elsewhere.

In 1868 the landlady, on returning from a visit to friends in Vermont, was taken ill with the disease.

About 1880 a guest, who with his family had left his own house while it was undergoing repairs, was taken ill with the disease. There were no other cases in the hotel at the time, and the fact that there were several members of his family, of ages most susceptible to the disease, none of whom had it, it is fair to believe that he, being much away from home on business, contracted the disease elsewhere.

The third, an employé, in 1886, spent one or more nights each week in Boston, at a time when the disease was specially prevalent there. There being no other sickness at the hotel and no other cases of typhoid in Hingham at the time, it was presumed that he contracted it in Boston.

An officer on one of the harbor boats. His stateroom was very damp, and the odors where the boat lay at the wharf in Boston nights, were bad. No other cause could be assigned.

Five in one family had the disease. The house stood upon a ledge slooping towards the street. Beside the street was a ditch in which was almost always stagnant water. Near this ditch was a very shallow well fed by a spring from which they dipped the water used. The spring was contaminated by sewage.

A student returned from Dartmouth College sick. He reported other cases there. Never learned the cause.

A trackman on the railroad. No other cases in the family, of which there were several members. His line extended several miles, and of course he drank water from wells and springs at different points on the route.

A boy in Cohasset had typhoid and the next year his younger sister. The sink drain was found stopped and broken, the sewage filtering through into the well which was but a few feet away. On the ground, in the half cellar half basement, water stood most of the time. A loose floor was laid above the water line. The room was well ventilated, but here the children played a great deal.

A girl, aged twelve, returning from a visit in the central part of the state had typhoid. After persistent inquiries learned

that none of the family where she visited had been ill, but across the street was a case of 'slow fever' Both families used the same well. Had some of the water sent me for analysis. I found a large amount of sewage contamination.

A servant girl in a family on Green Hill. A public sewer had been laid and the sink drain connected with it. The sink pipe had no trap. At times bad odors had been noticed coming from the sink. This was more noticeable when the wind was right and the outlet of the main was exposed by low tide. The sink was properly trapped and no other members of the family had it.

A child three years old was brought to the home of its grandparents. It soon developed typhoid fever. The father and mother both had the disease, the mother dying in their own home. Poor plumbing was the cause.

A young man, clerk in a Boston store, had been employed in the basement packing and unpacking goods incident to a change from the summer to the winter stock. The air was close and disagreeable. He shortly afterwards became sick with typhoid. Another clerk, who had been similarly employed was ill at the same time, but the character of his disease, I was unable to learn with certainty. No other possible cause could be discovered.

A boy played with boats about a pond and near a stable, the wash from which, as well as from other buildings near by, flowed into it. No other cause could be assigned although none of his mates had the disease, nor were there other cases in the neighborhood. His was a typical case of typhoid.

Of six other cases in my practice no *very* probable cause could be assigned, although one was most likely from an unsanitary condition of his Boston office.

When called to treat a case of typhoid fever, I never feel that my full duty as a physician has been performed until I discover the source of the disease, and then protect others from it.

Some respondents have been unable to trace the source of the disease, others give briefly the following: "Contaminated wells," which is the most common cause given from country towns. "Crowded localities, subject to poor drainage and ventilation, contracted from ship." "Depressed vitality from overwork, improper food, etc." "Sewer gas." "Cess-pools, neglected vaults and uncleanly surroundings." "Neglected privy vaults and foul cellars." "Local filth, as at least the depository of the typhoid germs. Privy vaults connected with the house, broken drain-pipes, foul wells, etc."

WHAT MEANS DO YOU USE TO PREVENT THE SPREAD OF THE DISEASE?

J. Heber Smith, Boston : —

"Sulphate of zinc sol., or better still merc. bichloride one to 1000, for disinfecting the discharges, washing the rooms, etc. Carbolic acid should be at least 30 per cent. to amount to anything. *Its odor valueless.* Boiling water will do much, but steam at 230° F. is absolutely fatal to spores of baccilli. If sulphurous acid fumes be used, moisten the sulphur with alcohol to ignite it, and burn three pounds for each 1000 cubic feet of air space."

G. R. Southwick, Boston : —

"Remedy drainage and other sanitary faults. Especial care taken to disinfect all discharges (*i. e.* stools) *at once*, and empty them immediately in a place not used by any person, and where they can not by any manner of means pollute water, or by standing, infect milk or other food. Also thoroughly scalding, boiling or burning of everything coming in contact by any means with the stools."

E. P. Colby, Wakefield : —

"Change of water supply when this seems to be the source of origin. Isolation, as far as possible, of the patient from all persons who have not had the disease. Disinfection of dejecta."

A. M. Cushing, Springfield : —

"Request all members of the family to sleep as usual if possible ; eat regularly and keep in pure air all they can."

These answers cover about all that have been received. To sum up, it is generally recommended, that those susceptible to the disease come in contact with the patient as little as possible, that they avoid undue fatigue, eat and sleep regularly, have pure air, etc. That whatever comes in contact with the discharges from the patient, and the discharges themselves, be at once disinfected. For this purpose the chlorides (Platt's generally liked), sulph. of copper, carbolic acid, bromochloralum, dry earth and burial are advised. Plenty of fresh air, and of course, the removal of the primary cause of the infection.

EXCEPT WHERE ALL WERE ALIKE EXPOSED TO THE MIASM OR OTHER PRIMARY CAUSE, HAVE YOU KNOWN OTHER MEMBERS OF THE FAMILY TO CONTRACT THE DISEASE, THUS INDICATING THAT IT WAS TRANSMITTED FROM ONE PERSON TO ANOTHER ? (Please give particulars.)

With the exception of the six instances reported below, all answer this question in the negative. The general opinion being expressed, and by some of our most experienced and observing members, that, with proper disinfecting of the dejections and sputa, there is little danger of the disease being communicated from one to another. In the six instances here

recorded, it will be observed that in only one is any claim made that the discharges had been properly disinfected.

Samuel Calderwood, Boston :—

"In 1887, a daughter, who had been fifty miles distant from her home for four months, returned ill with typhoid. The surroundings of the house were such as might develop typhoid. Within twenty rods was a pond, which at that season of the year was low exposing a great deal of vegetable matter to the sun. The water from the sink had been allowed to remain near the house, in a wet, boggy place. I had that put in as good condition as possible, had the dejecta disinfected with chloride of lime and otherwise took every precaution possible. In twenty days a son became ill, the next day another daughter, and the next week two others. The first two developed into marked cases of typhoid; the last two into aborted forms."

E. P. Colby, Wakefield :—

"In only one instance; where the servant who carried the chamber utensils was attacked, but even in this case the other members of the family had once had the disease, so the seeming contagion may have been from some grand source. During the first two weeks the dejections and sputa were not disinfected."

J. W. Hayward, Taunton :—

"A son who was attending school in Providence, came home sick. At the end of a week, by a sudden discharge of diarrhoea, he soiled his bedding. Just two weeks from the following morning all the other members of the family, five in number, were stricken with typhoid fever; one died.

A young woman was taken sick and carried to her home, five miles distant. Just as she was convalescent her father and mother were taken sick and had the natural run of fever. I think the dejecta and sputa were not disinfected."

D. B. Whittier, Fitchburg, :—

"In two cases last fall the fever was contracted from exposure, insufficient clothing, fatigue, and poor food. These two cases may be said to have transmitted it to a third, but I believe the causes named were more potent factors. Three members in one family and seven in another did not contract the disease. Exposure alike in all cases. No disinfectants used."

C. W. Scott, Lawrence :—

"I can look back to an instance years ago, where the members of the family and nearly every 'watcher' contracted the disease. The contagiousness of the disease and the use of disinfectants were not then known."

A. H. Tompkins, Jamaica Plain :—

"Last fall a young man was taken ill in an adjoining town. He was carried home. His father, who nursed him most, con-

tracted the disease. No disinfectants used. The discharges were quickly emptied."

AVERAGE DURATION OF THE DISEASE?

This is variously given as from two to six weeks. Three and four weeks is the time generally given.

PERCENTAGE OF DEATHS?

The answers to this question are not sufficiently numerous or exact, to be of any real value. Some have practiced ten and twelve years without losing a case. One has lost but two in thirty years. One estimates his death rate at six per. cent.; others below that number.

WHAT MEDICINES HAVE YOU FOUND MOST USEFUL IN THIS DISEASE?

The relative value of the following remedies as shown by the number of physicians who have found them useful, is indicated by the order in which they are given. Thus the first place in the list is given to

1. Rhus. Tox.
2. Arsenicum.
3. Baptisia, bryonia.
4. Hyos., phos., phos. acid, mercurius.
5. Bell., gels., nitric acid, terebinthina, muriatic acid.
6. Aconite, carbo. veg., china, stram.
7. Hamamelis.
8. Ipecac, sulph., opium.
9. Canth., ignatia, nux v., quinine, ferrum phos., secale, cro-talus, millefolium.

WHAT SPECIAL OR "KEY-NOTE" INDICATIONS FOR EACH HAS YOUR EXPERIENCE LED YOU TO TRUST?

In compiling and condensing the answers to this question I have indicated the number of observers, if there were two or more, who report the same symptom by the numeral placed before it.

ARSENICUM. 7, Several prostration and 3, diarrhoea. For intestinal glandular involvement. 3, Restlessness. 3, Drinks often, but little. Typhoid eruptions, with blood in the dejecta. Thirst. Offensive discharges the second week. Dry or lead colored, or white tongue. Stupid. Steady onset of the fever. Profuse perspiration which may become cold and clammy. Nausea after drinking water.

BRYONIA. 4, White coated tongue. 2, Dry and parched lips. Stupor. 3, Bronchitis. Slow development of fever; frontal headache. 4, Constipation. "The remedy 'par excellence,' at all stages, in most typical cases, especially with constipation." Rheumatic pains. Splitting headache; pain in eyeballs. Red

face; headache better when still. Delirium; brown sordes. Extreme thirst; pain in synovial tissues.

BELLADONNA. Furious, complicated with sore throat, in children. High fever, flushed face; dilated pupils; delirium.

CARBO VEG. 2, Profound collapse. Epistaxis, or hemorrhage of dark blood from bowels.

CHINA. Weakness and during convalescence. Excessive exhaustion third or fourth week.

CROTALUS. "Hemorrhage the first week from ear and nose; vomited blood; frequent and severe intestinal hemorrhage; threatened immediate collapse, all indicating disorganization of the blood."

ELECTRICITY. "Have used electricity after the fever has gone and there appears little action in the system, with a tendency to numbness and coldness of the limbs, with little or no relish for nourishment. A slight current carefully applied seemed to aid in restoring action. The patients recovered, and they might have done so without it."

DR. S. W. HOPKINS.

FERRUM PHOS. Extreme prostration; frequent hemorrhage, indicating disorganization of the blood.

GELSEMIUM. Muscular twichings and stupor, where there are malarial surroundings. 2, First stage with pain and chills up and down the back; pain in occiput and neck; aching all over.

HAMAMELIS. 2, Tarry, semi-liquid stools and hemorrhage at intervals. Hemorrhage of the bowels.

HYOSCYAMUS. Sleeplessness with mild delirium. Extreme wakefulness; nervous but no pain; hallucinations with muttering delirium; retention of urine.

MILLEFOLIUM. Hemorrhage of the bowels.

MERCURIUS COR. Foetid breath; white coated tongue, with dysenteric stools.

MURIATIC ACID. Low fever; muttering delirium; decubitus.

NITRIC ACID. 3, Hemorrhage from bowels; at tenth day, bright, red blood; blood fluid and dark.

OPIUM. Restless; muttering delirium; hot sweats.

PHOSPHORUS. Dry, racking cough with, 3 threatened pneumonia; 2, catarrhal pneumonia; prostration; diarrhoea.

PHOSPHORIC ACID. 2 Great stupidity; low fever; stupor with involuntary evacuations.

PHODOPHYLLUM. Diarrhoea.

RHUS TOX. 4, Tongue red, clean and parched; 3, triangular redness of the tip of the tongue; rapid development of the disease; low fever; petchiæ; pain in limbs; 4, restlessness; 2, stupor; wants to go home.

STRAMONIUM. Constant muscular twitching of all the mus-

cles of the body, especially the facial; grinding of the teeth; piercing screams; desire to get out of bed; sleeplessness; delirium; throwing clothes off.

SULPHUR. After fever has abated and when other indicated remedies lose their usual effect.

TEREBINTHINA. Tympanites; flatus; 2. hemorrhage, bright, fresh blood.

ZINCUM OXIDE. Threatened collapse from cerebral paralysis; violent contractions of facial and orbital muscles; squinting; strabismus; unconscious; complete relaxation of the sphincters.

HAVE YOU FOUND BAPTISIA A VALUABLE DRUG IN THIS DISEASE. UNDER WHAT SPECIAL CONDITIONS?

Concerning this once popular and highly praised remedy, various opinions are given. The majority, however, speak more or less favorably of it. Quoting quite freely the words of the respondents will, perhaps, best represent the matter:

"Red face (a general rummy look); headache, front and back; bewildered; tired feeling and aching all over; pulse, 90 to 120; tongue coated a dirty brown."

"Able to walk about; nose bleed; appetite gone; very weak and losing flesh. The above symptoms appeared during an epidemic of typhoid, in a young man who had never had the disease, soon recovered under the use of baptisia."

"When the case presents *very few* significant symptoms. Fever; tired feeling; backache."

"Yes, perhaps more routine than otherwise. Began its use early in practice. I have lost but few cases and always prescribe it, and feel that my success warrants my so doing." "Low delirium; peculiar dreams; hyperæsthesia." "In persons inclined to functional hepatic troubles, or in a generally 'mucous' dyscrasia."

"Baptisia tincture, four drachms in a glass of water, given in alternation with other remedies. The 'key-note' is give in all cases."

"Dull, besotted appearance, with deficient capillary circulation."

"First week. Sharp attacks, with epidemic tendencies; high temperature; quick pulse; flushed face; general discomfort and aching."

"In all typhoid conditions, it calls out the typhoid resisting powers of the system."

"In several cases, it has appeared to abort what threatened to be typhoid or bilious fever. Dullness of mind; slight delirium; persistent headache; very foul breath, with heavily coated tongue; sometimes very offensive diarrhœa."

"Early in the case ; mouth sore with very bad odor ; delirium with dreams of duality."

"Good results in the beginning of the disease."

"Rarely. At the crisis when the disease seems to be at a 'stand-still,' then it has done well and acted quickly."

"As an aborter of typhoid it has proved almost a complete failure in my hands, and yet I tried it in various strengths and preparations. During the disease, when the besotted expression prevailed, it has ameliorated the symptoms to a degree."

From these and other reports, this remedy seems most in favor in the early stages of the disease. High temperature, full and rapid pulse, 'besotted' look, dull, stupid, semi-delirious, heavily-coated tongue, with foul breath. Other responses express little confidence in the drug, and among the number are some of our best practitioners, as also are there among those who highly prize it. The following extracts will indicate the degree of doubt concerning its value :

"In 1870 to '73, as I can recall, I saw a number of cases that seemed to correspond to Baptisia, as understood, but of late the remedy has seemed to me unimportant in this disease."

"No ; although I have often used it according to indications."

"I have been very much disappointed with its use in typhoid fever. In several cases where I have thought the patient tended strongly towards typhoid, with marked prostration, brown-coated tongue, light-headed with indisposition to exertion, I have found it useful."

"I have always had the greatest confidence in baptisia, but I feel just a little doubt now regarding it, on account of reports from reprovers."

"I do not feel sure with it." "I can not say I have found it of value." "No ; I have no confidence in it whatever."

The use of baptisia during the first few years after its general introduction to the profession, gave me no good results as far as I could observe. I gave it according to the symptomatic indications and watched carefully for results, but saw none. I procured a fresh supply of the drug, thinking that the fault must be there, since the remedy is spoken of with such assurance by many worthy physicians, but I still got no results and have cast it one side, as far as a remedy for typhoid is concerned. I will say, however, that my practice having been where there is very little typhoid, I have not had the opportunity for testing it as have many others. In twenty-three years of very active practice, think I have not had more than twenty-five cases under my care.

DO YOU PRESCRIBE STIMULANTS, AND WHEN ?

To this question one makes no answer ; six never prescribe

them and five but seldom ; seventeen give them as a temporary expedient when there is threatened collapse and heart failure, at whatever stage it may be. This in various doses, from one drop of brandy in one teaspoonful of water, often repeated, to brandy one part, water four parts, one teaspoonful every fifteen minutes or less often, until reaction sets in. Some give with milk. One prefers champagne, and one absolute alcohol. Dr. Halsey says : "was always very guarded in exhibiting stimulants, considering it very unfortunate to give any before the force of the fever was well spent. When the temperature dropped to normal or below, generally at the end of the second, third, or fourth week, the careful use of whiskey or brandy diluted about two-thirds, proved very helpful. Frequently my patients would have died without it. This I feel very confident of." Three use it during the stage of convalescence as a stomach tonic.

DO YOU USE WATER IN THE TREATMENT? HOW AND IN WHAT STAGES?

All give water freely as a drink. the quantity limited, by some, if there is much diarrhoea ; then "little and often." Two use water in no other way. Two use the wet-sheet pack, the fever very high, with delirium. Five use it, but do not indicate in what manner. All of the others use more or less freely, warm, or tepid sponge baths, with two exceptions, and they use cool sponge baths. One adds a little vinegar to the water, and uses a compress around the abdomen, wet with vinegar and water, "until the height of the fever is passed." Several "bathe daily." Most who give details, bathe very often whenever there seems to be an increase of the fever, the skin dry and hot, the face flushed, etc. Two or three use the water quite warm. Four use the abdominal bandage wet with cool or cold water.

WHAT OTHER ADJUVANTS DO YOU USE IN ADDITION TO THE ORDINARY MEDICINAL TREATMENT, AND FOR WHAT CONDITIONS.

Only thirteen claim to use any other adjuvant than such as have already been indicated. Of these, two or three say, "pure air, pure water, perfect quiet and careful nursing." Doubtless all accept these as important. Some of the most unusual aids used are as follows : "Linen cloths wet with alcohol over the abdomen, reapplied when dry ; the same over the lungs, should there be any lung complications." "Turpentine stupes for tympanites. Rectal injections of turpentine or styptics, in intestinal hemorrhage." "Acidulated water as a drink." "When the patient is restless and nervous, with a dry skin, not especially hot, in any stage of the disease, I have often asked the nurse to moisten the hand with nutmeg oil and sweet almond oil, one part to eight, and rub the patient lightly over the entire body.

It is generally very soothing. I regard the benefit to come from the manipulation, not the oils." "In threatened perforation of the bowels, myropetroleum externally." "Plain soda water freely." "Local warm applications, for local distress." "External application of hot water packs, to relieve pain in any part of the body; sponging with tepid water followed by alcohol put on with the hand, using every hour until the temperature is reduced." "Cloths wrung out in common New England rum relieve, and alternated with cold water compresses, I am quite sure, abort the tendency to ulceration or the breaking down of Peyer's patches." "Flaxseed meal poultices on the chest."

WHAT DIET DO YOU ORDER?

Almost without exception milk is one of the first foods mentioned, several preferring almost an exclusive milk diet. Dr. Halsey says: "Milk almost exclusively, where it can be tolerated, and ninety-nine per cent of my cases took it. Where the milk alone seemed to disagree, the addition of a teaspoonful of lime water to a glass of milk, or often a small pinch of salt, seemed to overcome the trouble. No solid food of any kind until the fever had been gone fully a week or ten days." In the very valuable paper that he has offered, he makes a suggestion in regard to watching the urine of the patient. Since he made that a guide in directing the amount of food to be given, it may very properly be introduced here.

"My report would be incomplete without reference to the urine as a means of prognosis, and a guide as to progress of the disease. My attention was first called to this point by reading Rapau on typhoid fever, in which he lays great stress on a careful examination of the urine each day, keeping specimens of that passed night and morning in separate glasses, and watching them day by day. I followed out these hints very carefully in every case, and was able to verify his experiments over and over again. In fact I attribute much of my success in the treatment of typhoid, to the knowledge gained by carrying out this point, being thereby often able to anticipate an unfavorable change in patient, and being ready to meet it, and more important than all, the great help derived therefrom in the matter of feeding the patient, the amount of sediment being my guide, increasing as it becomes scanty, and feeding more cautiously if very abundant. For those physicians who have never paid particular attention to the urine, I would commend a careful reading of Rapau on typhoid fever."

Others say: "Milk preferably boiled, on account of the finer curd." "Beef tea, mutton, chicken and oyster broths later in the attack." "Milk, peptonoid foods, bovine, fruit juices." "Liquid diet until one week after all tenderness of the bowels

is removed. Milk, broths, beef tea, gruel will cooked, grape-juice." "Milk, beef-tea, clam water, extract of beef, after the fever has turned, oysters or eggs raw." Besides milk, etc., "ice cream where there is great thirst." "Domestic beef tea thickened with flour to the consistency of cream; broths plain but with the addition of flour or corn starch to thicken; rice gruel." "Milk until third week, then Liebig's beef extract is preferable to any alcoholic stimulant." "Mellin's food in some cases." "Buttermilk did well in one case." "Milk, granum, Mellin's food, malted milk, light broths, or beef tea (I rarely use beef tea now), grapes." "Koumiss." "Unfermented grape juice." TO WHAT EXTENT HAVE YOU SEEN PNEUMONIA AS A COMPLICATION?

Eight report "no cases." One says "never except *hypostatic*, which disappears without treatment especially directed to this." One estimates one or two per cent., and adds: "A cough is not unusual and there may be a bronchial catarrh, but pneumonia is comparatively rare, and appears to me to be the original disease, with typhoid complications." "Two cases in forty-one." Three physicians estimate the average number one in six. Very seldom, is the answer generally given. One says: "seldom, unless you class the typhoid pneumonia of old people (which invariably takes all the old people in the house) as typhoid fever."

TO WHAT EXTENT HAS THE DISEASE BEEN FOLLOWED BY TUBERCULOSIS? BY MARASMUS? BY ANASARCA? BY PERIOSTITIS? BY CARIES, OR NECROSIS? BY INSANITY?

Three cases of tuberculosis; one of marasmus; four (and several from one physician) of anasarca; two of periostitis; none of caries or necrosis; three by insanity; one estimates that typhoid fever is followed by temporary monomania, one case in fifty.

HOW HAS THE CONDITION OF PREGNANCY COMPLICATED THE DISEASE?

All but four report never to have met this complication. One answers, "several, all lost the foetus." "Made it more difficult to manage," says another. "Unfavorably," says the third. "In two cases near term, both resulted favorably to mother and child. In cases under five months gestation, miscarriage has been the rule." "One at three months and one at five, went through a severe run of fever without miscarrying."

HAS A PREVIOUS LIFE OF LIBERTINISM AFFECTED THE PROGNOSIS?

All but nine report no experience, or that the patient's past life in this respect was unknown. I have known of at least three cases that properly came under this class, only one of them in my practice, and all three died; two of hemorrhage of

the bowels. One answers, "not if the person was in strength and vigor for a good length of time previous, and so continued until attacked by this disease." Another, "yes, as it would any severe disease, and this especially."

A PREVIOUS LIFE OF INTEMPERANCE?

All but fourteen report "no experience." These fourteen claim that the physical condition of the intemperate man is such as to seriously complicate the course of typhoid, and greatly increase his danger. Quoting from the various answers: "Leads to pneumonic complications, surely." "In my experience prognosis is more unfavorable in consequence of injuries of alcoholism upon the whole system, especially the vaso-motor nervous system."

HAVE YOU SEEN THE DISEASE IN A PERSON WHO HAD PREVIOUSLY HAD IT, WHERE, IN BOTH INSTANCES, THE DIAGNOSIS WAS BEYOND QUESTION?

In only two replies is it claimed that unquestionable cases have occurred. They reply as follows: "A few times. In a second attack it was arrested with baptisia, and the next annual attack was fatal under the care of another physician." "I had one case where the diagnosis was beyond question, and the patient claimed to have had it twice before, both times during the fall of the year. The patient was a very highly educated man, who also had a very fair medical education, and he had been attended during both of his previous attacks by some of Boston's most eminent physicians. There is no doubt in my mind but that he had three attacks of typhoid fever." This doubtless represents the degree of exemption from subsequent attacks. These cases, so often related, of annual attacks, are probably not in any sense always typhoid, perhaps there has been no single attack of that disease, but are at most remittent or bilious fevers, from some malarial source. The fact that the disease returns perhaps each autumn is suggestive, in the present light of hygiene and sanitary science, of some local contamination of air, water, or food, that reaches its acme of virulence at that season. The exemption from subsequent attacks is probably as great as in the case of other infectious diseases, not excluding small pox.

PHOTOGRAPHING A NUISANCE.—One of the members of the New-York Health Department has secured the conviction of the owner of a smoking factory-chimney by photographing the top of the chimney in various stages of smokiness. A detective has recently secured the conviction of a violator of the Sunday Liquor Law by making an instantaneous photograph of the inside of the saloon, with a group composed of the saloon-keeper and several more or less prominent citizens. This is a new field of usefulness for the camera, the testimony of which may be relied upon always. Possibly the portable camera may yet be a part of the outfit of the sanitary inspector. —*Jour. Amer. Med. Asso.*

SEQUELÆ OF TYPHOID FEVER.

BY D. B. WHITTIER, M.D., FITCHBURG, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

It will be conceded, I think, that the average physician does not possess that opportunity for the clinical study of typhoid fever, which is a basis for a scientific and successful treatment, inasmuch as such study, to result in a reliable analysis, should extend through many epidemics, and embrace the experience of many years. Therefore, to supplement my own experience, and to present collective testimony, I have interrogated my colleagues concerning the prevalence and sequelæ of typhoid fever. The replies which I have received from the more experienced of them have been identical, the gist of them being that the number treated by each physician is not large, and only in a small proportion of cases have they observed sequential troubles. I present below a brief tabulation of the experience of thirteen physicians, regarding sequelæ, covering 275 years of practice, the longest individual term being forty-two years:

Periostitis—two cases from two physicians; a third reported it very seldom in thirty-nine years of practice.

Anasarca.—One physician reports one case, another several, and still another as having met it rarely.

Tuberculosis.—Three physicians reported one case each, two having seen it very rarely.

Three report phlebitis, and three insanity. Temporary insanity estimated one in fifty.

Three have seen marasmus as a sequel; one reported tuberculosis, and marasmus doubtful.

The existence of typhoid fever in localities in which the reported prevalence largely exceeds that in other communities, is regarded by the profession with marked distrust, until an intelligent investigation proves the report worthy of credence. This conviction of untrustworthiness, becomes so settled in the majority of instances, by a better knowledge of facts, that doubt becomes a chronic condition among observing men. Boards of health share an equal distrust concerning the mortuary returns of this disease. I have no disposition to attempt an analysis of this fact, in order to determine the ratio due to want of diagnostic skill, or bad treatment, but will simply say in connection with the latter, that by it fevers of a continued type are prolonged and increased in their intensity, till symptoms of typhoid ensue, and thus opportunity is furnished to make a diagnosis corresponding to the last condition. This much in the way of general statement will be borne in mind, as I pass on to the specific purpose of this paper.

The natural sequela of typhoid fever is perfect health. When this termination does not obtain, it is generally the result of indiscretion, bad medication, or antecedent troubles. Barring the compound forms of disease, arising in the progress of this fever, termed complications, and eliminating the factor of the individual dyscrasia, there is little to recover from, except the exhaustion incident to a long fasting, and the parenchymatous degeneration due to protracted and severe fever. Perhaps the only possible exceptions to this statement, are the instances where thrombus or nephritis are present; these, and many other states usually ascribed to typhoidal poisoning, are so rare as to almost preclude their mention.

Complications may have their sequelæ, but these should not be laid at the door of typhoid invasion. Laying aside these, most of the so-called sequelæ discovered, are simply the further development of the individual dyscrasia, and are just what the true physician knows might be expected, and what might be developed under any other diseases as well. The extreme debility and long convalescence, are factors in the disclosure of this dyscrasia. Instance the results of typhoid fever upon a tuberculous tendency. It will either affect its complete arrest, or its more rapid development; the first being a true sequela, more perfect health; the latter belonging to the dyscrasia purely, and not the work of the fever. It is not necessary to traverse the field of disease-producing agents. I select from them a few only, as illustrating my point, both because they are common, and because the working of them is so disastrous. The acquired constitutional infirmities, from the use of alcohol, tobacco, cigarettes, also the alarmingly indiscriminate use of powerful drugs, in health or disease, induces grave disturbances of physiological processes, and in most instances effects pathological changes, which complicates the dyscratic problem, in a marked degree. That tobacco has a toxic action on the heart, I need not demonstrate. General observation has led to such conclusion, and varied tests concerning it have established the fact.

I shall refer to those morbid states only, which are either manifestly visible, antecedent to the fever, or those which being latent, it discloses. All the facts concerning the diagnostic data of cardiac changes from the tobacco habit, are not as yet positively ascertained, but the following derangements are sufficiently assured to be diagnosed as specific disease. In substance Dr. Snader states the following: Irritability of the heart's action, increased pulse, with lessened impulse, irregular and intermittent action, cardiac asthma, rarely angina pectoris, increased disparity of pulse when standing or sitting, a probable hypertrophy, fatty degeneration, chronic myocarditis, and an

occasional aortic stenosis. All these pathological changes he attributes to the use of tobacco. A chronic weak heart inaugurates remote structural changes, and it is necessary for its own maintenance, even, that its power should be recovered. Deficient arterial circulation effects venous congestion of the lungs and kidneys, from which result various diseased conditions. In brief, cardiac hypertrophy causes a form of nephritis, and an idiopathic nephritis will in turn cause cardiac hypertrophy, in either of which the disaster is apparent. All this can be substantiated by good authority. In view of all this, is not Dr. Dowling's inquiry pertinent? Is the American heart wearing out?

The time is passed when the use of alcohol as a beverage in any form, is regarded only as a moral evil. Gradually the truth is so working its way, that in most instances there is a recognized pathological element in inebriety. In inebriety of long standing, the evidences of structural changes are plain. Alcohol injures the brain, and the pathological effects on this organ are often accompanied with bodily pathological conditions, conspicuous among which are fatty degeneration of the liver and cirrhosis; lungs,—emphysema, chronic bronchitis, hypostatic pneumonia; inflammation of kidneys.

Dr. Kerr, of London, says: "Abnormal nutrition, perverted or imperfect, initiates changes which constitute a degenerative process, consisting of a long chain of morbid alterations on the brain, congestion, circulatory tumult, vascular atheroma, membranous thickening, and cellular decay." There are limited observations, showing the degenerative influence of alcohol to be greater in the second than in the first generation. The *Quarterly Journal of Inebriety* draws the following conclusion: "First, alcoholism in the parents produces a degenerate nervous system in the children, and subjects them to all forms of neuroses. Second, alcoholism in parents produces in the children a form of inebriety known as dipsomania." Thus the dyscrasies of both tobacco and alcohol must be recognized, and I am confident that these agents are responsible for much of the so-called sequelæ of typhoid fever. For by them the circulation is deranged through years, producing either extensive arterial tension, or venous stasis, both of which are aggravated in diseases of such prolonged high temperature as typhoid fever. A clinical knowledge and consideration of such antecedent conditions is important, that the mischief may be traced to its true source, rather than foisted upon typhoidal poisoning.

The eager haste to reduce the temperature in fevers, which has characterized allopathic treatment, has engendered an enthusiasm for an indiscriminate trial of new and hypothetical agents, which leaves the physician, the patient's disease, and

the clinical record, sadly mixed. Antipyrin and its relations have been used to antagonise a symptom of disease, without method or reason. Whenever a high temperature obtains, some one of this class of drugs is employed to reduce it, and at the same time often reduces the patient as well. There are two parties, in the discussion of these fever-restraining agents, who arrive at diverse opinions and stumble at their paradoxical action. But my purpose is to show their effects in masking the symptoms they are given to alleviate, and producing relapses and pathological changes in typhoid fever, which are commonly denominated as sequelæ. I quote briefly from Dr. Porter, in *The Medical Record*, of July, 1888; speaking of antipyrin, antifebrine, etc., he says: "Experimental study shows that in larger doses they produce a rapid and marked parenchymatous metamorphosis of the liver and kidneys, which is followed by albumin and casts in the urine. They are also thought to have a direct depressing effect upon the medullary and spinal centres. This being true, is not this antepyrctic action due to their causing a further increase in the functional and organic metamorphosis of the protoplasmic elements of the body, which disturbs still more the physiological processes of the liver, kidneys, and excretory organs, and thus causes a greater accumulation of effete and toxic matter in the blood, until the accumulation becomes so large, that a state of general depression is produced, which throws the system into a condition strongly simulating that known as collapse, during which the temperature falls. As the system recovers from the shock, if it does, this large amount of waste material continues to increase irritation and general disturbance to the system, and causes the temperature to rise to a higher degree than that attained prior to *the administration of the drug*."

The management of convalescence is scarcely less important than that of the fever itself, and it is certainly not less difficult. An unsuitable diet, be it either excessive or ill-timed with a too speedy return to solid food, or, on the other hand, insufficient, is prejudicial to a normal recovery. The former is fever-exciting, producing many harmful conditions, while the latter allows progressive inanition to marasmus. To over-feeding and ill-feeding; must be attributed many complications. Milk is presumably the article of diet most frequently prescribed, and usually wisely so, containing as it does, all the elements of nutrition. Yet there are exceptions to this. If investigation continues to discover disease-producing agents, in this almost universal pabulum, to eat will be to die. The advice of Beecher is pertinent: "If you would be tranquil don't investigate." In some cases where the mouth and alimentary canal are parched, the digestive juice being absent, milk undigested is washed into the intestines

by liquids, subsequently drank, and becomes an offending substance. It passes over the tender and swollen glands, irritating them, causing the intestines to be filled with gas, the abdomen to become tympanitic, and being composed largely of curds, to pass the entire length of the canal as a toxic substance. Prof. Goodnow describes a case embodying conditions like these, in a paper read before the American Institute of 1888. By a careful inspection of the stools were found minute coagula. The patient died of peritonitis, the sequence of intestinal perforation. Little masses of milk were found in the intestines post mortem. This, he remarks, is by no means an isolated case. The examination of the alvine dejections then, is necessary, as determining proper diet, and as a warning of disease. But who makes it? The regimen of diet must be more correctly regulated. Its importance is not second to drug therapy. Digestion and nutrition are not the only processes that serve the economy well. Often a complex food is imposed when a simple one is required. The system is thus flooded with excrementitious material, whose non-elimination becomes a source of disease. There should be a more exact knowledge of what food is indicated, how often, and how much to be administered, if we would avoid the disasters, for which an ignorance of the science of dietetics is responsible. It is in keeping with my trend of thought to mildly assert that typhoid fever patients are as severely maltreated by the pernicious diet forced upon them as a supportive measure, by a proper one withheld, or a voracious appetite gratified, as by other faulty measures previously mentioned. The extreme and prolonged weakness of convalescence, is often cited as an evidence of the ravages of the fever upon the nutritive processes. To dissipate this idea, it is only necessary to affirm that a very small portion of the organs of nutrition, the ileo-cæcal, are affected in the progress of the fever; true nutrition is often established in a better status than it was before the attack. The intestinal lesions heal readily and perfectly, and the secretions, having only been held in abeyance, and not annihilated, return with their normal flow.

It is not necessary for me to further elaborate the matter. It has been my purpose to show that the cases of typhoid fever are rare, its legitimate termination health, and the abnormalities attending it to be due to other causes than those emanating from the disease, and in this opinion I am sustained by much reliable evidence. A conservative spirit, and a blind adherence to medical traditions, often blocks the way to an honest and intelligent investigation of these factors, which would lead to a cognizance of their existence apart from the disease, an anticipation of their appearance, and a clearer etiological conception of their development.

*REPORT OF THE NECROLOGIST OF THE MASSACHUSETTS
HOMŒOPATHIC MEDICAL SOCIETY.*

E. U. JONES, M.D., TAUNTON, MASS.

Is dying only an exchange of worlds? By no means, neither to the friend who has gone before nor to those who are waiting the appointed time to do the same thing. The one waits and works, and between whiles mourns the absent one, from whom no news can come to tell us of his joy or manner of work; the other enters upon the new life and the new work with the maximum of experience and the maximum of character which he has gained here. We that are still waiting recite to one another the names and the deeds of those gone, and also the influences which served to make them just the persons they were; and seek to emulate them here that we may rejoin them hereafter. Hence this yearly remembrance is not in sorrow for them, but for ourselves, giving them joy from the very depths of our remembrance.

We give DR. CHARLES H. WALKER this remembrance. He was a New Hampshire man, born in Loudon, in 1822. His education was that of the common schools, and to that education he did credit. He was brought up to a trade, but his uncle, Dr. Alpheus Morrill, discerning more in the young man than showed at first sight, urged him to the study of medicine. It was at this time that I first knew him. He graduated from the Homœopathic Medical College of Philadelphia, in the class of '53. He settled in Manchester, N.H., but after a few years removed to Chelsea, Mass., where he died Oct. 4, 1887, of angina pectoris.

He was a true physician, honest in his work, faithful to his convictions, large hearted and generous. He had an inborn artistic taste, which he loved to gratify in various ways, but which never interfered with the practical duties of life. He loved his profession, never relaxed his studies in it, or failed in endeavors for its advancement.

A widow, one son and two daughters remain to keep his memory and his name.

To DR. LAFAYETTE MACFARLAND, the earnest co-worker and true friend of many of us who took the heavy part of raising the infant homœopathy to a noble manhood, we give this remembrance. He was born in Hopkinton, Mass., Oct. 15, 1824; studied medicine in the Tremont Medical School; attended lectures at Harvard Medical School, and finally graduated at the Homœopathic Medical College of Philadelphia, in 1854. He returned to Boston, and was soon established in full and successful practice, continuing it for twenty years. He died in

Springfield, Oct. 30, 1887, aged sixty-three years. The body was brought to Newtonville for interment.

Dr. Macfarland was a true and helpful friend. The same qualities made him supremely loyal to homœopathy. He was ever ready in those early days when the homœopathic medical meetings numbered less than a score of members, to take his part in sustaining them and in urging others to do the same work. "He took a leading part in organizing and carrying to successful completion, the centennial anniversary of the birth of Samuel Hahnemann. In the same year he, with others, labored earnestly for the establishment of a homœopathic hospital by the State. . . . In 1856 he joined in the effort, through the charter of the Massachusetts Homœopathic Medical Society, to secure from the State equal legal privileges to homœopathic physicians as to others ; a step which has helped the cause of homœopathy the world over. In 1857 he assisted in establishing the Homœopathic Medical Dispensary which was chartered by the State. In 1858 he was one of the moving spirits in the public fair, the pecuniary results of which have proved sufficient to sustain the Dispensary to the present time. Later he was equally interested in the great movement which established the Homœopathic Hospital, and which led the way to the founding of Boston University School of Medicine."

His physical activity was hampered by a disease of the heart which had existed from early life, but which was suddenly focalized some years later by endeavoring to control a headstrong horse. "He suddenly felt something give way in the cardiac region producing very serious symptoms, and from which he never recovered. Dyspnœa, dropsy and prostration followed, and in January, 1875, he left his practice and went to Willimansett expecting to live but a very short time. The quiet and change of scene proved beneficial to him, and, in May, 1876, he had so far recovered that he removed to Springfield, Mass., and engaged in practice which he continued till within a few days of his death."

Rich in his tastes, earnest in his studies, and a lover of his fellowmen, ever ready to lend them a helping hand, as the writer of this willingly testifies, all of us who knew him would gladly see Dr. Macfarland again.

And most worthy of this remembrance is DR. JOHN A. BURPEE, the writer's classmate in Philadelphia. He was born in Ludlow, Vt., April 8, 1823. He graduated from the Hahnemann Medical College at Philadelphia March 1, 1854. The next month he settled in Malden, where he continued in practice till the very hour of his death. The writer well remembers the letter, full of hope for the future, yet full of questionings, in which he

announced his choice of location, and his determination to make a success of homœopathy there if possible. He was faithful to his promise, and all who have since known him can testify to his devotion to the cause, to his sterling good sense, and to his cheerful aid to every one who sought it. The living circle of these early men who fought the good fight is contracting, and soon those living will be numbered among the remembered. It took men in those days to maintain the right, and their characters must needs be of the best to take such a stand, and quietly maintain their rights without obloquy. While Dr. Burpee was not prominent in active general service, he was still one of those rocks on whom the more active workers founded their certainty of a noble superstructure. A widow, two daughters and a son survive him.

Though not a member of this society at the time of his death, yet DR. ELAM C. KNIGHT deserves at this service a remembrance. The first time that the writer knew him, he was an allopathic physician in the village of Slatersville, R.I. Young then, and enthusiastic he was getting a good practice. His next location was as a homœopathic physician at Middleboro, in this State. The reasons for his change of practice are not remembered. He after practised for two successive periods in Leominster, in this State, and in Waterbury, Conn., in which place he received a severe injury from which he never fully recovered; and where he finally died and was buried. He must be reckoned as one of the pioneers of homœopathy, was a member of the old Homœopathic Fraternity, and afterwards of the present society. His life was one long struggle, and of no one of our fraternity can I believe that the "exchange of worlds" was perfect rest and peace more than of him. He was an extremely modest, self-depreciating man, ever ready at the call of the poorest, and an untiring and true friend.

And now another well-known and honored pioneer member of this Society comes before us for remembrance. DR. HENRY B. CLARKE, of New Bedford, died suddenly at Coronado Beach, Southern California, of apoplexy. He was the son of Dr. Peleg Clarke, one of the founders of the Rhode Island Medical Society, and one of the first physicians of that State to adopt homœopathy. He was graduated at the Homœopathic Medical College of Philadelphia in the class of '52. He commenced practice in New Bedford in this State, as an associate of Dr. Daniel Wilder, (who died this year) and continued there till his failing health warned him to desist. Dr. Clarke was a man of good education, and was one of those who do not consider that education finished while life lasts. He was one of the charter members of this Society, and its president in 1870-71. He

was the first professor of clinical medicine in the Boston University Medical School. A genial man, full of interest in his work, a favorite in social circles, and thoroughly conversant with all the current topics of the day, he is missed and regretted.

And only last month one of the earliest workers in homœopathy has taken his place with the band we are now commemorating. DR. G. FELIX MATTHES was one of the charter members of this Society, and a most worthy and revered member. He was a man who never put himself forward as embodying any special amount of wisdom, but nevertheless the wisdom was there, and his wise advice and thorough loyalty to his chosen mode of practice made him often sought in counsel.

But the work of these pioneers was well done, and those who have entered into their labors, and been blessed by them, are legion. Yet they too must answer to the dread call, and we have to remember this day DR. ELLEN S. GETCHELL, born in Augusta, Me., and who died in Boston, Sept. 26, 1888. The following is the statement of one of her friends: "She early exhibited talents for music and literature. In music she played well upon the piano, guitar and cornet, but excelled as a church organist. At the age of twelve a poem by her was accepted by the *Atlantic Monthly*, and thus encouraged, she devoted her time largely to literary work, becoming prominent as the editress and contributor to the *Augusta Literary Companion*. Coming to Boston she entered the employ of John Stetson, the then rising theatrical manager, as examiner of manuscripts. At all times a student and a close observer, her mind became interested in the science of homœopathy, to the extent that she decided to abandon all other claims, and devote the remainder of life to its cause. With that object in view she entered the Boston University School of Medicine, and graduated thence in 1884. She commenced practice in Roxbury, and her success was immediate and rapid. Owing to the demands of her profession, recreation and even rest became almost strangers to her, and when life seemed to promise most, and her ambition and pride were keenest, she passed away in harness to the last, as was her ever expressed wish."

A DISINFECTANT OF AIR.—According to M. Keldyche, who has just published the results of a series of experiments on the air drawn from his hospital wards, air which has been saturated with eucalyptol will no longer give rise to colonies of bacilli in gelatine. If confirmed by independent observation, this valuable quality renders the drug worthy of widespread employment, for no other disinfectant is known which can be relied upon to effect its purpose without rendering the air irrespirable, besides acting very injuriously on furniture, clothing, etc.—*Medical Press*.

INTERNATIONAL HOMŒOPATHIC CONGRESS.

[Paris, August 21, 22, 23, 1889.]

The meetings were held in the palace of the Trocadero, under the auspices of the Exposition (entrance tickets to Exposition being required.) A morning session took place Aug. 21, at 10, for the election of officers.

Dr. Jousset, *père*, was elected president, and Drs. Hughes, Léon-Simon, *père*, and Gaillard (of Brussels), vice-presidents. To these were subsequently added Drs. Drysdale, (Liverpool), and Beck, (of Monthez, Switzerland), as honorary vice-presidents. Dr. Marc Jousset was elected general secretary, with Drs. Parenteau and Vincent Léon-Simon, as assistant secretaries.

The congress opened at 4 P.M. The officers were seated at a long table on the platform. There were seventy-five to eighty physicians present, the majority being European, few from America. There were several papers announced by Americans which were not read, because of absence of authors.

After a greeting from the president, the papers were read and lively discussions followed :

I. "Consideration of Contrary Effects of Medicine upon the Healthy and Diseased Man, as well as their relations to the dose." By Dr. Piedvache of Paris.

An interesting discussion followed, and the same variety of opinion was expressed regarding the dose as is frequently heard elsewhere.

II. Paper by Dr. Pierre Jousset.—"Upon the Relations of the Doctrine of Microbes to Homœopathic Therapeutics."

According to the theory of microbes the cause of all diseases is due to the pathogenic microbe; diseases then are due to external causes. The direct consequence of this etiology is antiseptic therapeutics, that has for its end the destruction of microbes, the cause of the disease. This therapeutics is the direct application of the axiom *contraria contrariis curantur*; it would supplant as entirely useless, homœopathic therapeutics. The "microbian" theory is false as an etiological doctrine, because the microbe cannot act without the consent of the predisposition, and many inoculable diseases can spring spontaneously by the work of the living organism. Antiseptic therapeutics is then a prophylactic medication, all-powerful in traumatism; it is without action as a curative therapeutics. It is then for us to prepare ourselves for deceptions in searching for the antiseptic treatment of all diseases. Antisepsis will be reserved for dressings, and for surgical operations. In medicine its rôle is limited to the study of preventive inoculations, which has already given such fine results in variola and hydrophobia.

Homœopathy, which is a curative medication, is not then injured by antiseptis, which is especially a prophylactic medication.

Discussion followed in which Tait's methods were explained; and also the use of sublimate, alcohol, etc. Drs. Hughes and Dudgeon of England took part, also Dr. Villers, of Dresden, Dr. Tessier, of Paris, and others. At 6 P.M. the session closed, and further discussion was postponed till Thursday morning at ten. (Extra session.)

Thursday, at 4 P.M., the session was opened by the reading of a paper by Dr. Alexander Villers, of Dresden: "The Homœopathic Treatment of Locomotor Ataxy and of Pseudo-Tabetic States."

Dr. Villers considered locomotor ataxia as among diseases which homœopathy had cured. During state of irritation, cure is possible; in true ataxy, homœopathy can give only a limited amelioration. Simultaneous applications of electricity, with use of baths, also of benefit. A powerful auxillary is found in thermal waters. Some of the remedies used: bell., colch., graph. 30 c. stann. (2x. aggravation), and sulph. 30 c. Itching relieved by secale or nux. Chronic gastritis, nux., cimicif., aluminum, silicea, camph. Suppression of urine, zincum. Constipation, con. 6.

Discussion followed. Dr. Jousset begins treatment with sulph. atrop., 3 trit., then gives nux., and nux. and bell. have perfect image of paralysis; later graph., phos. Tobacco poisoning resembles locomotor ataxy (nicotine.)

A paper was then read by Dr. Marc Jousset, Paris: "Caféine in Ponderable Doses in the Treatment of Insomnia and Nocturnal Neuralgias."

He cited several cases where he had used successfully caffeine in substance — 5 to 10 centigrammes, (about 3-4 to 1 1-2 grains) — at night, to calm violent neuralgia, (facial, sciatic, intercostal, zona), and had brought on sleep.

In discussion some preferred 2x. trit. in water. Indications for caffeine were neuralgia worse at night, aggravated by touch, impossibility to rest in bed.

Next followed paper by Dr. Parenteau, Paris: "Iritis and Irido-Choroiditis in Connection with Uterine Affections."

He had seen these affections as a consequence of uterine troubles, (puberty, pregnancy, menopause and uterine lesions.) A frequent form had been troubles of vitreous body, with or without inflammation — affecting generally only one eye. A remedy which he had found heroic in this form of ophthalmia, was merc. corr., from 1st to 6th. He uses it alone unless synechia threatens, when he instills atropine in eye. Other remedies of use are sulphur and arsenicum.

An interesting paper was then read by Dr. Daniel Serrand of Paris: "Cure of a Case of Diphtheritic Croup in a Little Girl of Three Years, with Cyanide of Mercury."

He used cyanide of mercury, 2 trit., 10 centigrammes, alcoholized water 150 grammes, a teaspoonful every half hour, with marked success. Later used 3, and Arsen. 3, in alternation every hour.

Discussion here was spirited. Some preferred the 12th, not finding the 2d satisfactory; others used 6th; Jousset used 1x. or 2x. A Paris surgeon found that operations were not as necessary since use of merc. cyn.

It was especially pleasant to have present Dr. Beck, (of Monthez, Switzerland), who was among the first to use this remedy, and to whom compliments were paid by all.

Next came a short paper by Dr. Imbert de la Touche, Lyons: "Seven Cases of Cure of Senile Tremblings, and of Paralysis Agitans."

Remedies used: phos. 30, bell. 30, sulph. 6, silicea 30; then bell. 18 and 30; agaricus, tarentula 12, nux vom 30; carbo veg. 200. The use of wine, coffee, tobacco and meat, especially beef, was forbidden, and a valuable adjuvant to the treatment, massage, was used.

Friday, August 23, last session.

A paper was read by Dr. Gaillard, of Brussels, on "The Monopharmacy of Hahnemann." He opposed the modern attempts to mix the Hahnemannian medicines, which he condemned as a return to polypharmacy.

Discussion was interesting. "Dr. Léon-Simon, *fils*, said the question of dose and alternation was one of fact and not of opinion. The practice of alternation is empirical and not founded on law. In the case of giving medicines successively, we must know what order they are to be given in and the reasons.

Dr. Bonino discussed the practice of giving compound medicines and alternations and secret medicines. He declined alternation, and only practical reasons could persuade him to do it.

Dr. Léon-Simon, *père*, said homœopathy consisted in giving a medicine which had produced certain symptoms, to a patient who presented the same. It is quite exceptional that symptoms alternate and indicate an alternation. Unless this is the case, the administration of two drugs very like one another risked their antidoting one another. He deprecated mixtures. So-called electro-homœopathic medicines had no right to the name of homœopathic.

Dr. Dudgeon: Monopharmacy is the perfection of homœopathy, but in practice is not always available. Diseases are not always simple. It is true Hahnemann is the enemy of polyphar-

macy altogether. At one time Hahnemann accepted "the idea of alternating drugs, but he soon gave it up. In recommending the repetition of medicines he advised change of attenuation, and usually the giving of a lower one."

Dr. Wright, of Buffalo, made a short address in English, explaining the flourishing condition of homœopathy in America, and inviting those present to the next congress in America.

On Thursday night, August 22d, an enjoyable banquet was given. On Friday morning, August 23, the hospitals were visited. As there are only two in Paris, and at extremes almost of the city, one had to choose between l'Hôpital St. Jacques, rue Volontaire, and l'Hôpital Hahnemannien, 19 rue Langier. The visits were made very pleasant, and the congress may be considered as a success.

Papers announced by Americans (but not read), were "Croup and Diphtheria," by Dr. Ockford, Lexington; "Homœopathic Therapeutics of Pregnancy," Dr. Harriet Keating, New York; "Homœopathic Therapeutics Applied to Diseases of Women," Dr. Isabelle Rankine, New York; "Homœopathic Education of Women in City of New York," Dr. de la Montagnie-Lozier, New York; "Homœopathy in Cook County Hospital;" Dr. Gatchell, Chicago; "Homœopathy in United States—Laws Governing Practice of Medicine in State of Minnesota," Dr. Serrand of Paris, (giving details of State Board of Medical Examiners.)

Reported by ADALINE B. CHURCH, M.D., Boston, Mass.

GLEANINGS AND TRANSLATIONS.

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A COURAGEOUS WOMAN.—At Surugadai, in Tôkyô, lives Mr. Tanabe, a gentleman in easy circumstances. His mother, an inmate of the same house, has attained her sixtieth year, but, until quite lately, was a hale and hearty lady, much beloved for her virtues and esteemed for her accomplishments. The changes of these topsy-turvy times have not shaken her adherence to the faiths and fashions of ancient days. In her eyes the Japanese *samurai* still exists, though his name has been erased from the national ledger, and his place usurped by inferiors. A few months ago, her wonted health began to fail. She was attacked by a disease formerly held fatal, and now known to be curable only by extreme measures. At the Hongo Hospital, Dr. Sato told her that a severe surgical operation could alone save her life. Was it possible that a lady of her age should survive such a method of treatment? Dr. Sato said there was good hope, and after anxious consultation her family consented

to follow his advice. The old lady at once became an inmate of the hospital. By the 24th ultimo, she had undergone the necessary preparation. Dr. Sato himself undertook the operation, in the presence of the chief surgeons of the Naval and War Departments and of the Imperial University. Two deep incisions in the bosom had to be made, and the assistants were about to administer chloroform. The old lady asked what was the nature of the medicine. Being told that its function was merely to deaden pain, she said that she had no need of such things. She had heard of anodyne drugs that send patients to sleep under the surgeons' knife. She preferred to remain awake. Among her friends of former days was a loyal soldier, by name Miyoshi. Fate willed that he should die by his own sword. He had disembowelled himself in her presence, and with a wide wound gaping in his bosom, had composed and written his death song. She had witnessed this thing with her own eyes. It was her notion of the example a *samurai* ought to set, and though a woman, she preferred to emulate such a spirit rather than to take refuge from pain in narcotics. With that she lay down, and bared her bosom to the knife. Dr. Sato proceeded with the operation. He made two incisions, about four inches each, in the form of a cross, under the left breast, and two smaller incisions above. From each wound a large abscess was removed, and twenty stitches were put in. During the whole process the old lady never made a movement or uttered a groan. Not until Dr. Sato asked whether she had suffered much pain, did she open her eyes and reply quietly, that the cutting of live flesh is never without suffering. Her son, who was by her side throughout, would now have answered the various inquiries that had come by telegraph and messenger, but the old lady insisted on writing four letters herself to reassure her friends. Dr. Sato declared, as well he might, that he had never in all his experience, encountered so much fortitude and power of endurance. The *Nichi Nichi Shimbun* tells the story as an evidence that the old *samurai* spirit survives in Japan. — *Japan Mail*. — *Med. Record*.

HYPOSULPHITE OF SODA SOLUTION is the best wash for the hands, to remove disagreeable odors. — *Med. Era*.

A VITAL QUESTION. Young Wife — "Doctor, I am about to prepare for a trip to Ostend, and have come to ask your advice."

Doctor — "On what subject, madame?"

Young Wife — "You must tell me what is the proper complaint to go to Ostend with." — *Fliegende Blätter*.

REVIEWS AND NOTICES OF BOOKS.

ELEMENTS OF HISTOLOGY. By E. Klein, M.D., F. R. S., Philadelphia : Lea Brothers & Co. pp. 368.

No one desirous of keeping "abreast of the times" should be without a copy of Klein's "Elements of Histology," the present edition of which presents in terse phraseology, the most recent advances made in our knowledge of the minute architecture of the body. During the last five years more exact observations and repeated investigations have led to a better understanding of the division of the nucleus, the termination of nerves in the epithelium and epidermis, the absorption of chyle by the mucous membrane of the small intestine, the termination of nerve fibres in striped muscular tissue, the structure of striped muscular tissue, etc.; and it is principally in connection with these points that alterations and new matter are found in this latest edition. Among the new illustrations are found ten excellent microphotographs.

DIPHTHERIA: ITS NATURE AND TREATMENT, by C. E. Billington, M.D., and INTUBATION IN CROUP, AND OTHER ACUTE AND CHRONIC FORMS OF STENOSIS OF THE LARYNX, by Joseph O'Dwyer, M.D. Octavo, 326 pp. Price, muslin, \$2.50. New York : William Wood & Company.

A new candidate for professional favor presents itself under the above title, and upon careful examination of its credentials, we venture the prediction that it will rapidly secure an enviable position in professional estimation. The book bears evidence of the unusual facilities for observation enjoyed by the author, and testifies to his wide acquaintance with the literature on his chosen subject. His arguments in support of his doctrines are not mere dogmatic assertions, but are reasonable statements of conclusions, drawn from thoughtful comparison of theory and fact with theory and fact: for instance, when considering the question of the identity or diversity of membranous croup and diphtheria, he accepts the teaching of pathology that they are "two distinct affections," abundant reasons for the belief being given; but he concludes (p. 62) that "In regions in which diphtheria is endemic or epidemic, the two affections are so liable to be inter-complicated or confounded, that the distinction is practically valueless." His reasons for considering diphtheria "primarily a local disease," are also weighty. The chapter on "Diagnosis," should be read by all practising physicians, for the importance of accurate prognosis, especially as affecting the "crucial test, clinical experience," need not be pointed out. Attention is particularly called to follicular tonsillitis and its dif-

ferentiation from diphtheria. A chromo-lithographic plate of four figures is found in this connection.

Upwards of 100 pages are devoted to the chapter on "Treatment," which presents an historical resumé to date of the best that the "rational" school has to offer. The chapter on "Intubation," by Dr. O'Dwyer, is a valuable addition, which completes the symmetry of the important and practical subject of treatment. The text is presented in very appropriate and satisfactory type, paper and binding.

LECTURES ON THE ERRORS OF REFRACTION AND THEIR CORRECTION WITH GLASSES. By Francis Valk, M.D. New York and London: G. P. Putnam's Sons. pp. 241.

This book consists of a series of eleven lectures delivered at the New York Post-Graduate School. The subjects treated of are the anatomy of the eye, and refraction (two subjects which form the foundation of the work), emmetropia, hypermetropia, myopia, ophthalmoscopy, muscular asthenopia, astigmatism, retinoscopy, and presbyopia; the concluding lecture being devoted to illustrative cases. The object of these lectures is to instruct the general practitioner in methods of detecting errors of refraction, and of testing for and prescribing glasses. They are written in a simple, direct and practical style, and illustrations, chiefly diagrammatic, are numerous and satisfactory. Considering the fact that only a minority of eyes are "normal" this monograph has a wide and certain field of usefulness, being well conceived and admirably executed.

A LABORATORY GUIDE IN URINALYSIS AND TOXICOLOGY. By R. A. Witthaus, A.M., M.D. Second edition. New York: Wm. Woods & Co. 75 pp.

Only a few changes have been made in this new edition of one of the most practical laboratory guides it has been our fortune to use, but these few changes only render the book more useful. A plate containing nine colors, with which to compare urine, has been added, and a few new tests, shown to be reliable by experience, have been introduced. Otherwise this edition resembles its predecessor. Alternate pages are blank for addition of notes, new tests, or the making of calculations. The book needs only to be used for a little time to become a necessity without which no student or physician will willingly find himself.

ELECTRO-THERAPEUTICS; OR ELECTRICITY IN ITS RELATION TO MEDICINE AND SURGERY. By William Harvey King, M.D. New York: A. L. Chatterton & Co. pp. 153.

This book treats of electro-physics, electro-physiology, electro-

diagnosis, and general and special electro-therapeutics. The author has aimed at accuracy, brevity, and simplicity in his descriptions of apparatus, methods of treatment, operative measures, etc., and he has hit his mark, although, whenever necessary, minute details have been scrupulously given and their importance insisted upon. The work forms a good text-book for the student and general practitioner.

ELECTRICITY IN THE DISEASES OF WOMEN. By G. Betton Massey, M.D. Philadelphia and London: F. A. Davis. 1889. 210 pp.

The object of this little work is to set forth the specific uses of electricity in the diseases of women. The usual introductory chapters deal with electrical apparatus and its methods of employment, directions, and strength of current, etc., while an appendix gives directions for making battery fluid, and other hints of decided usefulness to physicians practising at a distance from large cities. The text is concise and practical, the illustrations many and helpful.

VIVISECTION. By Albert Leffingwell, M.D. New York: John W. Lovell Co. 95 pp.

No more sensible, impartial and humane utterance on a much-mooted question has been given to the reading public, than in this altogether admirable little pamphlet. The ground taken is that which appeals, as just, to every servant of science, who is also a comprehending friend of the dumb, affectionate, helpless creatures whose sacrifice science is so often quoted as demanding. Dr. Leffingwell claims vivisection to be permissible only in the hands of original investigators, and to establish points universally admitted to be obscure and yet important. To permit experimentation merely to demonstrate to students facts so well established as to have passed into routine teaching, he justly considers a monstrously unjustifiable waste of life and suffering. The vivisection laws of Great Britain offer perhaps as fair a compromise between science and humanity as can be reached in our present stage of enlightenment. That America should be less conservative, is not conspicuously to her credit. And, for practical value, a single question of Dr. Leffingwell is significant beyond measure. Is it the scientist who most loudly vaunts his desire to benefit the human race, as a motive of his unspeakable cruelties to the brute creation, who is most gentle, most humane, in his dealings with the poor of the human race, when such are in his care?

THE POPULAR SCIENCE MONTHLY for September has a contribution, "Huxley and Pasteur on the Prevention of Hydrophobia," which is of especial interest to physicians. Mrs. Miller has a very amusing study of a pet lemur. Dr. Oswald continues his trenchant articles on "The Waste of Modern Civilization." There are several articles of a political cast: the editorials are controversial, one of them attacking Mr. Bellamy and the Nationalist movement. New York: D. Appleton & Co.

The September CENTURY has several papers of marked originality: prominent among them Mr. Wores' "An American Artist in Japan," the illustrations of which are exceedingly graceful and fascinating. The Life of Lincoln deals chiefly with his re-election. A unique article is made up of hitherto unpublished letters of British officers who accompanied Napoleon in his exile. The short story is an amusing Dutch *genre* study by Mrs. Anna Eichberg King. New York: The Century Co.

PERSONAL AND NEWS ITEMS.

DRS. F. B. AND F. H. CLOCK have removed to 271 Columbus Avenue.

DR. L. C. JEWELL has removed from Chatham, Mass. to Auburn, Me.

DR. GEORGE W. STEARNS has removed from Holyoke to Holliston, Mass.

DR. A. SALLS has recovered his health and has resumed practice at Natick, Mass.

A. H. POWERS, M.D., has removed to No. 756 Tremont Street, Boston. Office hours until 8.30 A. M., 1 to 3 and 6.30 to 7.30 P. M.

DR. F. W. HALSEY after a summer's study abroad, chiefly in London hospitals devoted to "rectal work," has returned to Boston and resumed practice

A SUCCESSFUL case of Cæsarian section (wherein mother and child were both saved) was performed by Dr. Horace Packard at the Massachusetts Homœopathic Hospital, on Aug. 26, 1889.

THE semi-annual meeting of the Massachusetts Homœopathic Medical Society will be held in Steinert Hall corner Boylston and Tremont Streets, Boston, on Wednesday, Oct. 9, at 10 o'clock A. M.

A TESTIMONIAL has been given Dr. Alfred C. Pope, the senior editor of the London *Homœopathic Review*, by his friends in America. That the feeling of regard is sincere is vouched for by the fact that \$300.00 in cash accompanied the testimonial. — *Med. Counselor*.

And had it been a hundred times as much, it would have ill embodied the warm respect and affection of Dr. Pope's friends in America!

(Doctor to Old Gent.) — Why is it I see three empty beer mugs when I allow you but one glass a day.

(Old Gent.) — Well, you see I have two other doctors who allow me one each. — *Ex.*

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EDITORIAL.

—:O:—

THE "OPEN DOOR OF QUACKERY."

Apparently weary of the struggle to wrest from legislators such restrictive laws as shall give the practice of medicine into their exclusive control, our friends the enemy, seem to be turning their appeal toward the general reading public. In a recent issue of the *North American Review*, three well-known old-school physicians, two of whom are connected with Bellevue College, unite in a symposium on the "Open Door of Quackery:" which "open door" they show to be the laxity of laws governing medical practice. Drs. Eggleston and Doremus are exceeding conservative and cautious in claim and statement; the paper by the latter being, in the main, one which all fair-minded medical men will read with pleasure and approval; especially those portions which deal with the necessity of endowment for purposes of original medical investigation. If one would find the key-note and the animus of the symposium, however, and of the like efforts, public and private, which have of late been vigorously, persistently and unitedly made by the "regular" school of medicine, then there in the paper by Dr. Austin Flint this key-note is sounded, this animus is patent to the dullest. He talks with vague philanthropy of the protection of the public; with vague scholarly disinterestedness of raising the standard of medical education. But there is nothing whatever that is vague about the scheme of state control of medical practice, which he offers and urges as the ideal one for present needs. It is neatly formulated; it is offered in numbered sections. In a glance at these sections, we chance on such demands as these: that seven

of the proposed fourteen members of the state examining board be nominated by "unsectarian," — *anglicé* "regular" — colleges, "and to be teachers in said colleges;" and seven be nominated by the "unsectarian" — ("regular") medical societies; that this board of examiners, "recognize but one science of medicine," though no candidate be rejected "by reason of his adherence to any sectarian system," provided he pass the regular examinations of the board, *including those in materia medica and therapeutics*; that no candidate be licensed who receives *one adverse vote* in either one of the subjects of *practice of medicine*, surgery, or obstetrics; that the board have power to revoke the license of *any* physician for "certain" causes, such as "grossly unprofessional conduct." In the remarks with which Dr. Flint follows his proposed legislative bill, we read . . .

"There is but one science of medicine. A so-called regular physician has the largest latitude of opinion, and he continues to rank as a regular physician as long as he adopts no sectarian designation. . . . It is a gratuitous insult to professors in medical colleges to assume that they would be likely to act unfairly in examinations." Certainly, as we have said, there is nothing vague about either these demands or these remarks. In the picturesque, if inelegant, metaphor of rural New England, here we have "the hull critter, horns, huffs, an' tail." Under the pathetically thin veil of philanthropic protection for the public and the interests of the higher scholarship, we have the outspoken demand, paralyzing in its arrogance, that the entire control of the practice of medicine be given into the hands of medicine's most bigoted sect. The object of the demand is nothing more nor less than the crushing out of homœopathy. Any claim to the contrary can be overthrown by a breath; the breath which frames the question, *Will any bill, in any state, which secures to educated homœopaths the right to examine and license students educated in homœopathic colleges, receive the slightest support from old-school practitioners?* No. Always and unqualifiedly no. Such bills have been framed over and over again, and have been met with sullen ignoring or rampant abuse. The old school do not aim to protect the public. The patent-medicine quack whose juggling with powerful drugs deals death to his dupes, the abortionist who destroys the soul and

body of his victim, may rest safe and unscared of "regular" enmity; it is the homœopathic physician, as well educated as himself, his social and scholastic equal, differing only from himself in a point of therapeutic belief, and, incidentally, in the therapeutic success resultant on that belief, whom the old-school advocates of state control of medicine aim to overthrow. Try them. Frame a bill which skilfully fences out all but the thoroughly educated practitioner; which prescribes the same examinations in anatomy, physiology, chemistry, obstetrics, surgery, and the like, for all candidates, and differing examinations, by equally qualified teachers and physicians representing differing opinions, in therapeutics and materia medica *only*; and will such a bill receive old-school support? When it does, the old school can assure an incredulously smiling public that its aims are solely higher education and protection of the people from ignoramuses and criminal shysters. Until it does, the incredulously smiling public will continue to incredulously smile.

Fortunately the public has, on the whole, a very correct appreciation of the medical situation. If ever such laws as those of Dr. Flint's urging should be even taken seriously into consideration by our legislators, it will be because homœopaths have become so criminally indifferent to their rights and interests that a sharp lesson is not only deserved but needed. Let homœopaths, whenever the question of medical legislation arises, show themselves ready to heartily support any just bill, provided it *gives them the right to examine in therapeutics at least, candidates avowing their intention to practise homœopathically*. And if this provision be fought by the old school, let public attention be thoroughly called to the fact that it is fought, and why it is fought.

Dr. Flint tells us it is a gratuitous insult to suppose that professors of "unsectarian" medical colleges, would be guilty of unfairness to any candidate.

"Brutus is an honorable man ;

So are they all, — all honorable men !"

But nevertheless, with his past record well in mind, Brutus, it must be sorrowfully admitted, will bear watching. Every homœopathic physician who reads the symposium in the *North*

American Review that has served us as a text, will be convinced anew that this watching cannot be too continuous or too vigilant.

EDITORIAL NOTES AND COMMENTS.

HOMŒOPATHY IN THE PUBLIC SERVICE is a subject which receives far too little thought among us. Until within comparatively few years, homœopathy had such hard and close fighting to do, to keep alive and strengthen and grow, in the face of an enmity whose bitterness is almost beyond parallel, that it had little time to insist on what may be called its public rights. But in private life, so to say, homœopathy has now such safe and inalienable foothold, that its public affairs may well and profitably engage its attention. The time has come when the familiar taunt that homœopathy is without public recognition should be met by effective action. There is no part of the Union where homœopathy is not known, trusted and beloved. A bill presented to Congress, and demanding that no invidious distinction be made against graduates of homœopathic colleges, as candidates say for positions in the army and navy, would meet with hearty support, and a very little effort, so that the effort were intelligent and concerted, would raise a mighty wave of public opinion, on which such a bill would float to success. The introduction of homœopathy into the army and navy would be of great benefit in many ways. It would open up to the graduates of our colleges an immediate and highly honorable career, which would combine an assured income, admitted social rank, facilities for practice, and leisure for study, to quite an ideal degree. It would, moreover, accomplish what the new school has long and strenuously sought, and the old school with a combination of arrogance and cowardice, long as strenuously refused: namely, the comparison of old and new school therapeutics, under identical conditions, in the treatment of disease. It is too frequently and carelessly taken for granted that practice in the army, especially, is chiefly surgical. Probably the contrary is the case. In the large army posts of the West, there are scores, it were, perhaps, safe to say hundreds of women and

children, and the physician's practice is as varied and general as in any ordinary community. How sorely, in such posts, the intelligent, gentle and modern treatment of a recent graduate in homœopathy is needed and would be appreciated, one must be somewhat within touch of army life to realize. Nowhere does heroic, not to say brutal, routine obtain to a greater degree than in such posts. Quinine and morphia — morphia and quinine, — such are the changes unceasingly rung until they often ring a death-knell. To such a post, the gentle, varied and individualized treatment to which the homœopathic student of to-day is trained, would mark a new dawn, and its welcome would be such as to render nugatory the official hostility with which the pioneers of such treatment would, beyond doubt, be met. Many officers before entering the service, and many wives of officers, have had experience with homœopathic treatment, and when stationed at such a distance from cities as to be unable to obtain it, resort only with the bitterest reluctance to the far different medication offered by the average army surgeon. Such would gladly lend their influence to such a movement as that we have suggested, by which army medical service be made freely obtainable to the graduates of homœopathic colleges. It is worth trying for ; and it is time to try.

ODIUM MEDICUM IN AUSTRALIA is made the subject of a highly interesting note in a recent issue of the *Homœopathic Review*. Prejudice and bigotry are among the voyagers that travel on the wings of the wind and never come to shipwreck ; and no colony is so young that they do not knock at its doors for admission. And the bigotry and prejudice so aptly classified as *odium medicum* have lately made one of their old familiar attacks on homœopathy, only to be routed with much slaughter, so to speak. The scene of this attack was in the far city of Melbourne, Australia ; its character the *Review* describes as follows :

“Very recently, Dr. Wallace, of Melbourne, one of the surgeons at the homœopathic hospital of that city, received a communication from a firm of solicitors, requesting him to see a patient, supposed to have received an injury through an accident at the house of Dr. Beaney, one of the leading surgeons at Melbourne.

He went, and the servant informed him that Dr. Beaney was 'out.' On Dr. Wallace stating that he had an appointment with the doctor, the following letter was handed him : —

'Surgeon Beaney begs to inform Dr. Wallace that Mr. Hague's is a surgical case, and as Dr. W. is a homœopathic practitioner, Surgeon Beaney cannot meet him in consultation on the case.

'P. S. — Surgeon B. has just been informed that Dr. W. is a homœopathic practitioner.'

"Dr. Wallace, it may be stated, is a gentleman who has adopted homœopathy after ten years' experience of the traditional methods taught in the schools. In an excellent letter to one of the papers he exposes the folly and stupidity which characterized Dr. Beaney's conduct, and then, quoting Dr. Lauder Brunton and other leading teachers of the old school, he shows how worthless the ordinary drug treatment of disease is regarded by those who teach and practise it."

This vigorous and sensible action on the part of Dr. Wallace aroused, as was to be expected, the widest and most interested comment; and—as was also to be expected,—the cause of homœopathy has been materially advanced, by the means taken to cripple it. The remarks of several of the Melbourne papers on the matter, are candid and trenchant in the extreme; and, as is so often the case with the journalism of a comparatively new country, editorial opinion is not trammelled by the conservatism which, in journals of older growth, so often fetters independent thought. We have rarely chanced on a terser or more satisfactory exposition of the arrogance of the so-called regular school, than the following, from one of the Melbourne journals in question :

"People talk of the elevating and ennobling influence of education. And here we have an order of men — gentlemen too — schooled in many of the highest branches of human knowledge, belonging to a dignified and noble profession, yet showing themselves as miserably cramped and as timorous of rivalry as the most ignorant among us.

"What are they afraid of? But we lose patience in speaking of it.

"The medical bigotry of the 'orthodox' school is more unworthy even than the religious bigotry with which the parsons used to toss up their noses at one another, and which is now rarely seen, except among the meaner order of ecclesiastical quacks; for the parsons believe that they have all dogmatic truth already in a nutshell, but the doctors admit that the book of science from which they read has hardly had its first page turned.

"The incident is such a violation of the free spirit of colonial life that one is startled at its appearance. And one is inclined to ask in wonder, are there really many medical men in Victoria capable of harboring a prejudice so unworthy of scientific men and gentlemen?"

Bravo, Melbourne! Verily the homœopathist is moved to cry, Let the good work of persecution go on!

SURGEON-MAJOR PRINGLE'S LATE UTTERANCES ON THE SUBJECT OF VACCINATION IN INDIA have been widely noticed both in English and American medical journals. They cannot be too extensively copied, nor their significance too forcibly brought home to the general public. Major Pringle has, we are told, lately returned from service in Bombay, and his testimony as to the efficacy of vaccination in the suppression of what was once a frequent and almost decimating disease, is as conclusive as it is enthusiastic. As the *Medical Times*, in commenting on his address, observes, "As for the benefits derivable from the practice of Jenner's remarkable discovery, Surgeon-Major Pringle seems inclined to deny that vaccination ever fails. Smallpox is occasionally contracted by those who have apparently been vaccinated, but the Surgeon-Major contends that they have, in these cases, merely been subjected to an operation resembling that which is so essential, the failure arising from the use of improper lymph. The testimony of an Indian medical officer is peculiarly valuable, because the most specious argument used by professional anti-vaccinators is that the decrease of smallpox is due to the general improvement of sanitary conditions. In Indian villages sanitary conditions have not improved. The natives live very much as they always did; but vaccination, properly performed, has effectually suppressed what in former days was a terrible scourge."

One fact is worth a thousand theories or invectives. Such a fact as this, of the efficacy of vaccination, *by itself*, forms the basis of an argument which Jenner's bitterest detractors will set their strength against in vain.

ELDERLY MAN (staring at immigrant who has just landed) — "What a singular-looking person! His face is all covered with little depressions. Was he born that way do you think, or was he captured by savages and mutilated?"

Bystander — "Captured nothing! That man once had the small pox, that's all. Didn't you ever see a man pitted like that before?"

Elderly man — "Small pox? Ah, that is something like cholera, is it not?"

Bystander (impatiently) — "Jumpin' Jerusalem, man, where have you lived all your life?"

Elderly man (with dignity) — "Sir, I am a member of the New York City Board of Health."

COMMUNICATIONS.

—:o:—

AN OPEN LETTER TO "THE MEDICAL STUDENT."

BY C. WESSELHOEFT, M.D.

DEAR "MEDICAL STUDENT:"—In venturing to offer you a few words of comment upon the address of Dr. Caroline E. Hastings, in your issue of June 15th, it is not my intention to detract a word or thought from an article which I read with profound interest and respect for its authoress, but I do so prompted by a sincere desire to add something which is probably not familiar to younger members of the profession, and to medical students who have not yet reviewed the literature of the past ten or fifteen years; and also to see if some processes of reasoning and some conclusions arrived at by Dr. Hastings, might not, upon reflection, be somewhat modified.

On p. 205 Dr. Hastings says, "The principles upon which it (homœopathy) is based, if thoroughly understood will be found to be perfect and unassailable, so that the purity of principles also determines the purity of their application. . . . These principles preclude every departure to the deplorable routine of the old school, etc."

As far as departure to old-school routine is concerned the above description leaves nothing to be desired. The simple single remedy chosen according to the law of similars from well proven drugs, is all that is necessary to distinguish the beautifully simple practice of Hahnemann, from the dogmatic routine of those whom he not unsuccessfully tried to reform. But the whole of the sentence above quoted from Dr. Hastings' address is wisely made dependent upon the condition, "if thoroughly understood."

Though I venture upon the subject with the utmost diffidence, I would suggest that the purity of a principle does not insure the purity of its application, nor does it necessarily guarantee ease and practical accuracy; and while we are perfectly sincere and pure in our motives, we often forget that an abstract principle may be more complex and difficult to thoroughly understand than many like to admit.

It is only necessary to find the correct medicine, say they, according to the law of cure; it may take you two or three days to do so, because there are so many provings and symptoms to compare, but you are sure to find it, and if it don't cure your patient, do not change the medicine, but only change the dose.

To all this I would consent, but would add the following safeguards to prove that we "thoroughly" understand the principles we advocate. Besides choosing your remedy according to the law of similars, *see that your remedy has been correctly proven,*

and that the multitude of symptoms over which you are expected to spend several days, are really the result of the drug tested. A thorough understanding of the subject demands this.

Having selected your remedy, see that the methods of pharmacy by which it was prepared for use, were correct, and that the little phial in your hands really contains what you need. A thorough understanding of the subject will easily show you that your "remedy" either is or is not what its label implies; that your phial may contain something different from that of which you are in need, or nothing at all.

Unless your provings are correct, and your medicine prepared according to the best methods, and under all safeguards, your painstaking search for the right remedy and changes of potency from low to high or from high to low, will be all a waste of precious time.

Dr. Hastings is not at all disturbed when she is told of, or when she reads exhaustive articles which are "intended to show that there is no medicine to be found beyond a certain potency or trituration," and that "I am not hunting for medicine, I am looking for the relief of my patient." What is the doctor looking for when she advises her students to devote a day or two to study up the case before they prescribe? (See p. 206.)

As before remarked, this is not to detract from, but to add something to Dr. Hasting's argument. In very chronic cases, by all means take all the time you want, a month if a day is not enough; let it be devoted to finding or hunting for the medicine you need, but remember that as a good Hahnemannian you are, or should be, a critic of provings as well as of pharmaceutic methods. If you find them wrong, defective and misleading, you should lend your aid in correcting without fear, what is wrong; you *should* be disturbed by errors pointed out to you, and help to correct instead of ignoring them. Of course Dr. Hastings could not say everything, being limited by time and space, or else being guided by literary usage, she would have stated what had actually been done, instead of vaguely alluding to what had been "intended." Hence I hope it will not be considered presumptuous to say that I have demonstrated the fallacies of endeavoring to render hard insoluble substances soluble by trituration. Furthermore I have applied the most recent and incontrovertible facts of physical science to the subject of dilution and potentization, and have demonstrated that its physical limit stops billions of times short of what are called high dilutions.

Had time and space permitted, Dr. Hastings would undoubtedly have told her hearers, that information concerning these topics is to be found in the Transactions of the American Institute of Homœopathy of 1878, p. 135; the "limit of divisibility

of soluble substances" in the Transactions of the Institute of 1879 and 1880. Her students would have learned that the needs and means of reform in the methods of drug-proving were set forth in the New England Medical Gazette of June, 1886, and that several influential homœopathic societies and individuals have already done much good work in accordance with the methods there explained. All this Dr. Hastings would undoubtedly have done in accordance with her advice to students, "Work it out to a conclusion for yourselves." This working out of conclusions will tell you who and what a true Hahnemannian is; that is, one who allows himself to be governed only by data demonstrated and substantiated by earnest painstaking research, not one who believes in and swears by mere authoritative statements for which no evidence is even attempted to be produced. It was not that Hahnemann furnished a perfect system; he emphatically left much to his followers to remedy, correct and add; but it was his fearless, critical spirit which made him great; unfortunately those who deem themselves his true followers think they deserve that name by standing stock still exactly where he left them.

Those who call themselves the upholders of the honest name of homœopathy are at present too well satisfied with what they can do; it would appear from many sayings of theirs that none who differ from them can equal them in success. I share the opinion with many others, who without constantly proclaiming themselves upholders of the true faith, are convinced that the acme of success in healing should be placed much higher than our present over-satisfied purists now place it. I hold that the best success with which they are satisfied is small or illusory as compared with what might and ought to be accomplished by critical analysis of provings and the reformation of pharmaceutical methods. The modern "true" homœopaths or Hahnemannians condemn such a course, saying, behold we are perfect, we are the upholders of the true faith! Others whom I gladly join, disdain this stagnation in idolatry, and go to work improving their methods, instead of boasting of cures. We are aware that a materia medica, though pure in principle, is not therefore pure in fact; and we also hold that when cures are possible, they can only be performed by medicines which *are medicines selected from correct provings*, and that hitherto many medicines having been wrongly prepared, and applied according to wrong provings, should not have been accredited with the results claimed for them, and that these, sooner or later, will have to be stricken from the list of (medicinal) homœopathic cures.

What we want, to establish homœopathy, are medicinal cures. Those who think and insist that the possibilities of homœopathy

are exhausted, and culminate with their assertion of success, do not care to seek for means of making the success of our system far greater. The possibilities of homœopathic cures, are as yet nothing to what they ought to be when fearless criticism has been exercised and improvements made.

The burden of the proof is upon those who claim to cure more than others. As long as physicians disdain to use better means and arguments *in the comparison of relative value of the therapeutic methods*, all assertions of superiority are futile in the eyes of soberly thinking doctors. To prove that the methods of revision advocated by some of us are superior in results, is not impossible but very difficult. To prove that the old method of using unrevised provings and wrongly prepared remedies is superior to anything that was or will be in homœopathy, is more than difficult. But it is logically consistent to hold that real provings and real homœopathic medicines will stand the test. What that test is I hope to tell you some time.

Yours cordially,

CONRAD WESSELHOEFT.

*CRITICAL ANALYSIS OF APOCYNUM CANNABINUM, THE
SUMMARY.**

BY H. D. SCHENCK, M.D., BROOKLYN, N.Y.

The chart was made from *Allen's Encyclopedia*. It records the experiments of nine male provers, who made twelve provings. Dr. E. Chapin made three upon himself, and Dr. Hel-muth two upon his own person. Five of the others were physi-cians in good health when the proving was made. In the other two records the provers are not specified. In all but two, the records of the dose, and in most of them, the day-books are recorded. No cases of poisoning were incorporated. Provings No. 2 and 3 are records made by Drs. Peters and Marcy, and as no record of the dose or method was incorporated, probably they should, upon a strict adherence to the rules, be excluded. They are incorporated to show that the revision weeds out almost entirely such doubtful experiments.

Most of the power of the drug seems centered upon the stomach, abdomen, rectum, anus, and urinary organs. All of the nine provers had symptoms in the stomach; some of them diarrhœa; and six of them mouth symptoms. The fewest symp-toms were noted in the ear and nose.

—* Read before the New York State Homœopathic Medical Society, in Rochester, Sept. 17, 1889.

Head, 8.

SUMMARY.

Vertigo, 7.

Pain in temples, 3. [5 provings.]

Sharp pain in temples, 2. [4 provings.]

Dull frontal headache, 3. [5 provings.]

Heaviness of head, 3. [5 provings.]

Eye, 3.

Pain as if used too much, 2.

Mouth, 6.

Saliva increased, which caused constant spitting, 3.

Dryness of mouth, 2.

Throat, 3.

Filled with thick mucus, 2.

Stomach, 9.

Nausea without vomiting, 7.

Sickness of stomach, 3.

Hunger, 3. [5 provings.]

Abdomen, 6.

Rumbling, 5. [6 provings.]

Bloated, 3. [5 provings.]

Slight pain, 3. [4 provings.]

Goneness, empty feeling, 2. [3 provings.]

Neck and back, 8.

Pain at the inferior angle of the left scapula, 3.

Pain in small of back, 2.

Limbs, 4.

Pain in joints, 2.

Lower limbs, 3.

Pains in joints, 4.

Pains in knees, 2.

Generalities, 8.

General muscular weakness, 6. [7 provings.]

Sleep, 5.

Restless, 2.

Fever, 4.

Flashes of heat, 2. [4 provings.]

Perspiration, 2. [4 provings.]

Stool and anus, 7.

Soft, copious, painless stools, 7. [9 provings.]

Soft mushy stool, passed with much flatus, 6. [7 provings.]

Tenesmus, 3.

Complete loss of power in sphincter ani, 5. [7 provings.]

Bearing down in rectum, as if hemorrhoids would form, 3.

Urinary organs, 9.

Urine increased, 7.

Specific gravity decreased [primarily], 4. [5 provings.]

Urine burns when passing, 3. [4 provings.]

Respiratory organs, 4.

Disposition to sigh, 2.

Sense of oppression of chest, 3.

Heart and pulse, 4.

Pulse decreased, 2.

Palpitation and fluttering of the heart, 3.

Beating against the walls of the chest, 2.

Sharp pains in the heart, 2 provings.

KALI MURIATICUM IN AURAL DISEASES.

BY H. P. BELLOW, M.D., BOSTON.

[*Read before the Massachusetts Homœopathic Medical Society.*]

Kali muriaticum is one of the most useful and positive of all our remedies in the hands of the aurist. And yet, curiously enough, in its selection one has to lay aside those finer applications which result from a knowledge of the intricate workings of a drug within the organism, and be guided instead by the grosser pathological states for which it has been wisely recommended, and in the relief of which it has been found effectual as a matter of repeated clinical experience. In other words this remedy has never yet received a true pathogenetic proving, much as it is used and valued by homœopaths, and so the success which has attended its use is the more to be wondered at. Could we know those finer indications for its selection, which we possess in the case of so many other remedies, there is no telling how much further its usefulness might be increased. It is true that in the sixth volume of the "Guiding Symptoms," kali mur. figures with a full compliment of pathogenetic detail. Yet, upon examination, this proves to be simply a repetition of Schüssler's recommendations, a re-statement of the pathological conditions to which he deemed it applicable, with a brief statement of some symptoms known to be associated with these conditions as their direct outcome, while all the more minute symptoms are gleaned from the thirty-eight reported provings and poisoning cases of kali chloricum, as recorded in Allen's "Encyclopædia." It is taken for granted in this compilation that these two different salts, kali muriaticum or chloridum (K Cl) and kali chloricum (K Cl O₃) are sufficiently alike in their properties for their symptoms to be thus intermixed, and yet, so far

as the aural sphere is concerned, there is certainly little gain to kali mur. by these additions, and a doubt is raised whether the two remedies do really act so similarly. Among all these provers, willing and unwilling, of kali chloricum, only one referred any symptom whatever to the ears, and this sole acquisition is almost wholly without value. In the associated province of the nose, we find among several provers violent catarrh with frequent sneezing and decided tendency to nosebleed; and in the pharynx, dryness, scraping and rawness. These meagre results from so many provings of kali chloricum tally so little with the clinical importance of the kali muriaticum in this same part of the body, that it makes me, at least, doubtful of receiving much aid from the proven effects of kali chlor. in other parts of the body, and inclines me in prescribing kali mur. to still regard little but pathological indications until the remedy itself may receive proper proving.

Coming to its application in aural practice, then, we find it chiefly suited to the second or later stages of those catarrhal states which involve, in most cases primarily, the naso-pharynx, but which invade also the Eustachian tubes and extend thus by continuity of the mucous membrane to the cavity of the middle ear itself. The condition of the pharynx, as seen by simple inspection, is that of a thickened mucous membrane with inflammation present in sub-acute or chronic form and usually centering around the follicles, giving a coarsely granular appearance to the surface. It is not so much an intensely red membrane as one paler in appearance which indicates its use, as though the more active hypertrophic condition were passing over into a less active or passive atrophic state. The presence of small spots of whitish exudation would be a further indication for its selection, and also the condition of the tongue if coated white or gray. The accompanying nasal condition is characterized by swelling of the lining membrane, obstruction, and thick yellow discharge, or later on by thick whitish mucus. Its use is said to lessen susceptibility to these catarrhal states.

This same condition extending up into the Eustachian tube gives rise to such thickening of the lining membrane that the tube, for a time, is partially and sometimes wholly occluded. The aural symptoms resulting from this condition of the tube are well understood, consisting of deafness of varying degree, subjective noises in corresponding degree, and those sometimes startling and disagreeable snappings in the ear which arise from the sudden partial opening of the tube during deglutition, whereby the air is allowed to rush forcibly through the tube into the tympanic cavity, relieving thus the partial vacuum which always ensues when the tympanum becomes a closed

cavity, and rarification of the contained air takes place. Of course if specular examination be made at such times more or less retraction of the tympanic membrane will be visible. In this condition of the tube the remedy applies less to those states which are recent and acute than to their later effects, or to the less active forms of inflammation from the outset, and its action is said to be greater upon the Eustachian tube of the right side, than upon that of the left.

In the tympanic cavity itself the process of slow proliferation, with interstitial thickening and consequent slowly progressing deafness, with or without subjective noises, and without pain, seems to constitute the indication for this remedy. It is also especially useful at the termination of more active and painful attacks, to clear up the remains of inflammation and prevent, as far as possible, its evil effect in inducing thickenings in the tympanic mucous membrane and permanent changes in the delicate structures contained within the tympanic cavity. In suppurative disease of the ear this remedy is less frequently required than for the catarrhal process, but in cases where granulation is excessive it is sometimes employed to check the exuberance of their growth and favor resolution, while its usefulness at the termination of suppurative attacks in the middle ear has been found very great in modifying those tendencies to adhesions which constitute one of their chief dangers.

Finally, in the external ear the use of this remedy has been hitherto comparatively infrequent, its indication being chiefly a dry and scaly proliferation of the epidermis of the external meatus, with tendency to atrophy of the walls. A swollen condition of the glands about the ear, the angle of the jaw, and the neck would further indicate its selection.

My own experience with *kali mur.* has been largely confined to chronic catarrhal conditions of the middle ear, and after keeping a careful record of its action in nearly two hundred of these cases, in private practice, I am convinced that it is one of the most useful agents we possess in their treatment. It will even aid us efficiently in holding in check many of those inveterate cases of years standing, which go persistently from bad to worse upon the slightest provocation, and which no man living can hope to cure. Its most satisfactory results are obtained in those cases which may have been gradually progressing for months, or even for two or three years, but which have not yet given rise to those permanent tissue changes which are sure to follow in the later course of the disease.

Two cases from my records will serve to show what quality of work *kali mur.* is capable of doing in these conditions.

CASE I. Mrs. —, age forty-five. Feb. 16, 1887. About

three years ago began to be troubled with pain and noises in the left ear, aggravated greatly at the time of the menses, the pain severe and neuralgic in character, extending over the left side of the head. The noises seem to get their character from some pronounced sound which is heard, and this sound persists sometimes for hours. For the last six months there has been no further pain on the left side but deafness is constant. The right side is now beginning to become deaf, but with no pain and no noises. This has been going on upon the right side for several months. General health excellent with the exception of redness, fulness and desire to rub and pull the skin about the neck for a few days after the menses, with marked swelling of the glands of the neck at the same time. This has been noticed only during the time that the ears have been troublesome. The fork is heard best on the left side by bone conduction, and best on the right side by air conduction. Mtt. dry and depressed. E.t. on the left almost occluded, on the right more free. Frequent burning of the auricle on the left side.

H. D. L. w. = p. = $\frac{1}{4}$ " Cath².

H. D. R. w. = 20" = 25" Pol. = 34" Cath².

Kali mur. $\frac{6x}{x}$ N. and M.

Feb. 23.

H. D. L. w. = 24" = + Siegle.

H. D. R. w. = 41" = + "

Kali mur. $\frac{6x}{x}$ N. 8 doses.

April 20.

H. D. L. w. = 21" = 23" Pol.

H. D. R. w. = 26" = 43" Pol.

Much flow, nearly constant for some time, dark and clotted. Reports improvement in almost every respect.

Kali mur. $\frac{6x}{x}$ N. 10 doses.

This last prescription was made two years ago and I have frequently met the patient since. The trouble with the ears ceased, and as the hearing had returned sufficiently for all general purposes, she was satisfied with that degree of improvement, and has never given further attention to the ears in any way.

CASE II. Mrs. —, age, thirty-four. March 30, 1886. For several years has been troubled with deafness from time to time, upon the right side, accompanied by tinnitus of ringing and pulsating character, and with occasional pain. Mt. slightly depressed and thickened upon the right side. Nose catarrhal in slight degree.

H. D. R. w. = 22" = 29" Cath². Calc. phos. $\frac{2x}{x}$ N. and M.

To spray the nostrils with weak, warm solution of common salt.

April 7. H. D. R. w. = 21" = 31" Cath². Kali mur. 6x N. and M.

April 14. H. D. R. w. = 22" = 52" Cath³. Kali mur. 6x N. and M.

April 21. H. D. R. w. = 36" = 6 ft. Cath³.

Tinnitus has ceased. Kali mur. 6x N.

April 27. H. D. R. w. = 46" = 7 ft. Cath³.

No further tinnitus. Kali mur. 6x alt. N.

It is now three years since this case was discharged, and at the expiration of two years I heard that there had been no recurrence of any trouble whatever. As another year has passed without news from the patient, the improvement doubtless remains permanent. It is needless to say that the spraying with salt solution in this case was not sufficiently potent to detract from the cure, while the catheter could have been but an aid only, especially when the permanence of the relief is considered.

In closing my remarks upon the use of Kali muriaticum in these aural diseases, I will simply state that my experience agrees with the observation of others that it follows particularly well after fer. phos. or merc. dulcis, and is itself sometimes followed especially well by calc. sulph.

CONSUMPTION DIAGNOSED BY THE MICROSCOPE.

BY J. P. RAND, M.D., WORCESTER, MASS.

[Read, and Illustrated with Specimens, before the Homœopathic Medical Society of Western Massachusetts.]

Gentlemen:—Upon April 10, 1882, Dr. Robert Koch, of Berlin, first published to the world the startling theory that the cause of tuberculosis was a parasite which he had been able to discover in every form of the disease. This was no hasty conclusion based upon a few imperfect experiments. For years he had given the subject the most painstaking study, and only when it seemed to him that the evidence was conclusive, he summed up the case by giving his investigations to the world.

Two points must be maintained in the argument: the constant presence of the parasite and evidence to show it to be the *cause* not the *result* of the disease. To establish the first, large numbers of specimens were examined from patients known to be tuberculous and otherwise; and inasmuch as the parasite was invariably found to be present in the one and absent in the other, its significance as an associate factor, at least, became evident.

To prove the second point, repeated experiments were made upon various animals by inoculating them with the sputum of tuberculous subjects (or isolated cultures made therefrom), producing uniformly artificial tuberculosis and death.

The sputum and post mortem tissue of such animals were found to contain the characteristic parasite with which they had been inoculated.

For this parasite he proposed the name "*Bacillus Tuberculosis*," and inasmuch as it was invariably present in tuberculous patients, and its sub-cutaneous injection invariably caused in healthy animals the same disease, he regarded it to be its sole and only cause.

A recent volume of the "*Reference Handbook of the Medical Sciences*," says: "These experiments of Koch have been repeated by numerous observers. They have been confirmed in every particular and but little has been added to them. The proof of the casual connection of the bacillus and tuberculosis is so direct and absolute, that there does not remain a doubt on the subject in the mind of any pathologist; and there should be none in that of any reasonable man."

Friedlaender says: "By the discovery of tubercle bacilli a diagnosis is now rendered possible in many cases in which it was previously impracticable or very difficult."

"Whenever bacilli are found in the sputum the prognosis should be a serious, but not necessarily a bad one, unless there is additional evidence. It is certainly known that extensive phthysical processes in the lungs are arrested under favorable circumstances." "However the diagnosis of tuberculous disease will always have a positive influence upon the regimen of the patient. It is highly probable that through the early recognition of tuberculosis the lives of many patients can be preserved."

I have quoted these recent authorities merely to show the position that advanced medical science holds upon the pathology of tuberculosis. It requires the courage of ignorance to deny its claims. It matters not in what part of the body it may be obtained; the joints, intestines and pulmonary tissue are alike susceptible; but wherever tubercles are found, the insidious bacilli were there before them.

And now what are these pestiferous bacteria and what are they like. They are "like unto leaven which a woman took and hid in three measures of meal till the whole was leavened." (Matt. 13, 33). The comparison is pertinent, but lest some fail to trace it, I will say in the first place: They are alive and multiply with incredible rapidity. "They appear in the form of minute rods, straight or slightly bent. They are met with

either singly or in bundles. They sometimes have a beaded appearance owing to the formation of spores which are found inside them."

When stained and mounted, to me, they much resemble the hairlike growths from strawberries, which one often finds floating in his sauce plate. They are from 1.5 to 3.5 micromillimeters long and .5 micromillimeters broad, which means in "United States" that they are from $\frac{3}{16}$ to $\frac{1}{4}$ of an inch long and $\frac{1}{16}$ of an inch in diameter.

"They possess considerable power to resist external influences, will tolerate a temperature close to the boiling point, and in the dried state retain infecting qualities for at least six months, and in decomposing will be effective for fully six weeks." "These facts," says the writer from whom I have quoted, "may account to a very great extent for the large proportion (about one seventh) of the human race, in whom this bacillus is active and virulent, and most of whom for months previously had been expectorating these microorganisms."

Gaffky examined the sputum from nine hundred and eighty-two patients supposed to be tuberculous, and found the characteristic bacilli present in all but forty-four. So much for what the bacilli are like. The next question is, How to see them? The solution of this would be practically impossible were it not for the fact of the strong affinity which they possess for certain dyes, and the tenacity with which they retain them. For instance: We stain a slide of sputum containing bacilli, with violet; the whole specimen is now of one uniform and identical color; but an acid that will completely remove the stain from the sputum will not immediately affect the color of the bacilli; and as a result, when the body of the slide is bleached and colorless, the bacilli appear as separate, distinct and characteristic rods, possessing the original color of the dye. The necessary reagents used in preparing the specimen, and their *modus operandi*, are briefly as follows: Have on hand (1) a filtered, saturated, alcoholic solution of methyl violet; (2) a similar aqueous solution of vesuvine or Bismarck brown; (3) a quantity of pure aniline oil; (4) twenty-five per cent. solution of nitric acid; (5) sixty per cent. solution of ordinary alcohol; (6) an alcohol lamp, plenty of glass dishes of convenient size, and the ordinary accessories of a good microscope.

To prepare the staining fluid, shake four parts of the aniline oil with one hundred parts of pure water, in a test-tube, and allow it for a moment to stand. If little globules of oil are then seen to rise upon the surface, the solution contains an excess of the oil and is ready to be filtered into the watch-glasses for immediate use. If no globules appear, add a little more of the

oil and repeat the operation. The object is, to get a fluid saturated with the oil. Fill now a watch-glass about one-fourth of an inch deep with the aniline water, and to it add one twentieth of its quantity of methyl violet, enough to make the solution intensely opaque.

To the next step in the operation, a platinum wire hook and platinum pointed forceps are necessary. Both must be sterilized in the flames of an alcohol lamp each time before using. If the sputum is heavy, but little trouble will be found in obtaining a suitable particle for examination. But in the glairy mucus sometimes brought, it will be almost impossible. The sample from which to obtain a specimen should be the heaviest, such as is usually expectorated in the early morning. In any specimen select the most dense particle and place upon a cover-glass; then place a second cover-glass over it and spread out the sputum in a very thin layer between. Separate the cover-glasses by sliding, not lifting, them apart and allow them to remain exposed to the air until dry. Then seize with the forceps and pass each cover-glass, sputum-side up, three times slowly through the flame of an alcohol lamp. "Care should be taken to have the specimen completely dried in the air before being heated, for if it contains any water, coagulation of the albuminoid materials occurs, while in those completely free from water this does not happen and the albumen is rendered perfectly homogeneous by heating." Drop now the cover-glass, sputum-side down, upon the surface of the staining fluid. This should be done carefully, that it may remain floating and no portion of the dye stain the top of the glass. The whole is now tightly covered to prevent the evaporation of the dye and particles of dust from entering. At the expiration of twenty-four hours the specimen is ready for bleaching. A twenty-five per cent. solution of nitric acid is used for this purpose. In this solution the cover-glass is immersed for about thirty seconds, or until the violet color almost entirely disappears. There is no part of the process so difficult as to know just when the given specimen is sufficiently bleached. If allowed to remain too long, the acid will destroy the color of the bacilli; if not long enough, the whole field will be a conglomerate, incongruous mass of violet.

My own method is to bleach the specimen for a few seconds and then wash it in water. Washing restores the original color to the dye which the acid has rendered green. Bleach and wash, until only a few violet traces remain after the washing. The last of the bleaching is performed by sixty per cent. alcohol in solution, which is safer to use at this stage, as the alcohol will not destroy the color of the bacilli. The specimen is again

dried and now floated, sputum-side down, in a saturated solution of Bismarck brown. This is not washed off but allowed to drain, when the specimen is dried gently between clean sheets of blotting paper. It is now mounted with Canada balsam that has been dissolved in xylol.

The next thing to be done is to see the bacilli. Friedlaender very pertinently remarks upon this point, "It is self evident that one should approach the examination of sputum for tubercle only when he is provided with the best aids. It would be entirely a mistake to attempt to search for them with any except the best immersion lens, for it is quite possible that bacilli might be present in the specimen and not be found with weak systems, (dry lens, for example) which would appear clearly under correspondingly higher powers."

For practical purposes one needs a microscope fitted up with an Abbé condenser and a one-twelfth oil immersion lens. Ethereal cedar oil is used for this purpose on account of its refractive power, being nearest to that of crown glass from which the lenses are made. Place a single drop of oil on the cover-glass and lower your objective with a coarse adjustment until it touches the oil. Arrange now the light properly and with a fine adjustment bring your object into focus. Only experience with the higher powers will render one expeditious with this part of the work. A novice might be unable to see anything at all. Move the specimen slightly as you proceed, to facilitate the process of focusing. The parts of the slide that have taken the light-brown color are where the bacilli are most apt to be found. Once seen they are easily re-recognized, and I would not hesitate to risk a diagnosis upon a single rod. The only form of bacteria which they resemble are those of leprosy, and they are so uncommon that one might live a century and never have an opportunity to see them; but even if he should have, there are differential points by which they can be distinguished.

And now I hear some one say: "We know enough about the diagnosis of consumption; what we want is something to cure it. Can you kill the 'pesky critters' without killing your patient?" To all of which expression I would respectfully take exception.

In the first place, consumption is a curable disease. The results of autopsies prove this. In nearly fifty per cent. of post mortem examinations evidences of tubercular affection have been found. Not twenty per cent. of this number have died from tuberculosis. The majority of them got well and died from something else. Consumption then is curable, but the man to do it must take his cases before every old woman in town knows what is the matter with them. I doubt if any case

that has advanced so far as to show the physical signs of tubercle can ever be said to recover. Think how badly a lung must be crippled to show consolidation through a rigid chest wall. These are but the cruder means of diagnosis. The temperature of the body is an earlier and more delicate sign. Many of us have had cases on our hands developing consumption for months, before we could detect an unnatural sound by auscultation or percussion. When we did detect it, it was too late. We might as well have made our diagnosis in the morgue. But the sputum of just such cases contains bacilli, and that too, months before we can know their presence by physical signs. The utility of such an aid to diagnosis is evident. Again the microscope is needed to diagnose tuberculosis from all other similar forms of disease. If the testimony of experts is credible, the bacilli are the cause of tubercles and may be demonstrated in all parts of the body where they exist. It is now nearly two years since I received instruction, enabling me to do this kind of work; and since then I have examined specimens from patients in nearly all stages of lung trouble. I have also found the bacilli in the fecal discharges from tuberculous intestines. So far the results of my examinations have been harmonious with the physical conditions of the patient. The majority of cases in which I have discovered the bacilli, are now beyond the reach of the doctors; but some are in comparatively as good health as when their sputum was examined, which verifies the opinion of authorities that the presence of bacilli does not necessarily mean a fatal issue to the patient.

Now for the closing proposition. Can you kill the bacilli without killing the patient? I answer you emphatically, yes; and just here is one of the practical benefits resulting from their discovery. I do not mean that a patient could medicate his lungs in a local or constitutional way so as to reduce the numbers or fecundity of the bacilli. But when you get the little villians once on a handkerchief, you can send billions of them to their long home and never injure your patient a particle. That is what the Board of Health has recently ordered done in New York. To destroy the sputa and thus do away with the means of contagion.

Here, then, is the practical lesson of this paper. Consumption is a contagious disease, and the bacilli are its sole and living cause. Would you, then, allow an open cuspidor to stand unemptied for days in the family sitting room, and to infect the entire household with its pestiferous germs? Would you allow your children to be kissed by an invalid consumptive, and thus inhale the seeds of tuberculosis from their very breath? Would you allow the attendant of a consumptive patient, un-

warned, to occupy the same bed, and fill her lungs over and over again with infected air? These are suggestions that a thoughtful man may well consider. Do we inherit the disease or the predisposition? I believe the latter; and as thrifty trees remain untouched by mosses and lichens, so may our physical bodies be preserved from microbes and parasites, if we, like the thrifty trees, are properly nourished, and maintain a certain high standard of health.

AT THE CLINIC OF PROFESSOR CHARCOT, HOSPICE DE LA
SALPÊTRIÈRE, PARIS.

TRANSLATED FROM THE "*Gazette Hebdom. de Médecine et de Chirurgie*," BY ALBERT
PICK AND F. PRITCHARD, M.D.

I.

Abasia Trepidante. — M. Charcot showed a very rare type of abasia. Abasia, or the inability to walk, nearly always accompanies astasia or the inability of maintaining one's self in an upright position. In the case exhibited by the professor, the astasia was absent, the upright position being possible. It was only in walking, that the motor trouble marked by trepidation became apparent.

The patient, who was neither paraplegic nor ataxic, while sitting, could make any movement which he would with his lower extremities; in an upright position he neither swayed to one side nor the other; he could walk upon all fours, but the normal walk was impossible. In the last lecture a very favorable prognosis was given in this case, and this has been confirmed, for to-day the patient, if he watched himself, did not so much suffer from trepidation as he formerly did. The trepidation appears only when he was pushed or hurried by some one.

The professor would have it remembered, that these peculiar disturbances in walking, should be classed as psychic; the cortical center of movement is in such cases deranged, and the test is the same as in certain psychic paralyses, where the patient is cured by observing and imitating some one walking before him; thus reviving the motor image at the same time, to assure the progression.

The manner in which this man obtained his abasia is very curious. An affection of the lower extremities necessitated their confinement and being kept quiet. This immobility, borne with difficulty, became for him the point of departure of an auto-suggestion. At one time, while the bands confining the extremities were loosened, he still thought he could feel his legs imprisoned in the apparatus; in the street while seeking to

avoid some one who ran up against him, he was seized with his trepidation in the movement which he made, to avoid receiving the shock.

He also has been poisoned by sulphuret of carbon. Therapeutically, suggestive means as well as tonics, such as iron and hydrotherapy have been employed.

II.

Misfortune as a Cause of Hysteria. — M. Charcot showed at the clinic, two unfortunates upon whom fatality seems to have set its mark ; both are hysteric, hemianæsthetic ; one is hemiparetic. The first of these persons, whose parents are more or less obscure, first was engaged in working in lime-kilns, then entered the navy and was sentenced to death for having thrown an officer into the water. His sentence was commuted and he was sent to New Caledonia ; he was shipwrecked, returned to France, where he ran a menagerie, then a small show, and finally he wandered about in a savage state, eating rabbits, etc., raw.

The other unfortunate, son of a collector of mushrooms, a terrific drinker, has two club feet, stutters frightfully. He sings sentimental songs around the courts and streets ; he rarely eats, and sleeps nearly always out of doors.

These two cases serve to support the idea, which soon will be recognized by all, that hysteria in the male is very frequent. If a physician study the resorts of beggars, asylums and convict prisons, he will find himself in the presence of a crowd of male hysteric patients.

This is true hysteria, and well may one say that the number of hysteric men is more numerous than that of the opposite sex.

III.

Alcoholic Paralysis of the Lower Extremities. — This form of paralysis presents the following peculiarities : feet helpless ; absolute paraplegia ; tendinous retractions ; characteristic trophic troubles, marked by smooth skin and changes in the coloration of the integument ; muscular atrophy ; electric degeneration of the muscles ; absence of the tendon reflexes ; dysæsthesia ; intense hyperæsthesia of the skin, muscular and tendinous masses ; the whole preceded by a period occupied by pains of a lightning-like character, as well as by a special delirium, in which the patient saw insects, reptiles, etc.

As it is known that he was an inveterate alcohol-drinker, one could eliminate from his diagnosis, infantile paralysis, and finally one may cast out of the group of toxic paralysis, beri-beri, arsenic, and lead paralysis, which attack the upper extremities

especially, and hence the diagnosis must necessarily be alcoholic paralysis.

Fibrous retractions produced are necessarily to be treated surgically, the same as certain hysteric contractures. The prognoses of these paraplegias are relatively favorable, yet it should be known, that sometimes the life of the patient is in danger and instead of limiting itself to the periphery, the disease may attack the medulla and cause death in a short time by attacking the heart and respiration.

M. Charcot has seen a similar case in a young American.

AID FOR THE DEAF.

BY ANGUS MACDONALD, M.D., BOSTON.

Having for many years devoted myself to the study of the human ear, deafness and its causes, I have often been perplexed to find out some way by which my patients might be enabled to dispense with the use of the uncouth and dangerous tin trumpet, which of necessity they were forced to carry with them wherever they went. Seeing the great mortification that the forced use of this unsightly instrument gave to the sensitive, I determined if such a thing were possible, to work out some plan that would enable such to dispense with the cause of their discomfort. After a careful examination of every instrument produced in this country and Europe, of which I had any knowledge, I was forced to cast them aside, simply because they were objectionable for many reasons, the chief being their tendency to destroy what little natural hearing the patient might still possess. After much thought, I at last hit upon what I now call a cranial otacoustic. For a while I was troubled about the material out of which it could be made so as to secure all the effects desired, viz. : sound, cleanliness, lightness, elasticity and durability. After trying many materials including India rubber, I finally selected hammered brass. This gave complete satisfaction. The instrument I believe, is now as perfect as it is possible to make it. It is very light, not weighing much over an ounce, and it is so flexible that with a slight pressure of the hand, it can be made to conform to the shape of the crown of the head on which it is worn. It can be pressed so as to fit closely to the cranium. I found that by bringing the instrument into close connection with the bones of the head, its usefulness is greatly augmented. I was induced to select this position for the instrument, from the fact that by placing a watch on the side of the head of a deaf person, its tick could be heard quite distinctly.

Keeping this fact in view and connecting with it the shape and use of the sphenoid bone, which connects with all other bones of the head, I was induced to experiment in the way of constructing an instrument which would rest on nearly all the bones of the head, so as if possible to concentrate their conducting ability, and thus form with the aid of my otacoustic, an arc out of which a strong and complete current or sound-wave could be sent into the natural ear, quickening its function.

One of my chief objects was to produce an instrument that would be to the ears, what powerful glasses are to bedimmed eyes. Something that would magnify or intensify sound.

The otacoustic may be very properly described as a complete crescent. Its anterior being but one inch in height at the centre, gradually tapering to one-half inch at the ends; its interior is hollow and wedge-shaped, and its posterior, while keeping the form of its anterior, is but one-quarter of an inch in thickness. The opening for the admission of sound is in the centre of the anterior, opposite which is a delicate and sensitive sounding board, which divides the chamber of the otacoustic into right and left sections; the ends are closed so as to concentrate and thus give as much force as it is possible to impart to the sound-wave.

The advantages gained by the otacoustic over all other inventions are many. Among them may be mentioned a few, such as, its curative properties. Its constant use improves the natural hearing. It does away with all feelings of mortification or embarrassment of sensitive persons, dispensing with the trumpet in hand, or the fan-shaped disc held between the teeth. It is always in place and ready for use. Its use affords no inconvenience to wearer. When properly adjusted it does not fatigue or irritate the ear.



The otacoustic can be worn on the top of the head, and so concealed by the hair that it cannot be detected. (See cut.)

THE young doctor, with a reputation to make, always feels grateful when his patients get well. With the old and well-established physician the case is different. If his man dies he simply says, "Everybody must die," and the clergyman of his church comes to the funeral and stands in with him, and says, "The Lord giveth and the Lord taketh away," and there you are.—*New Orleans Picayune*.

AN OBSTINATE PATIENT.—"How many deaths!" asked a hospital physician. "Nine."—"Why, I ordered medicine for ten."—"Yes, but one would not take it," was the startling reply.—*Pop. Sci. News*.

AN AIR CIRCULATING SPLINT.

BY L. RÉENSTIERNA, BOSTON.

The inventor, for some time having seen the necessity of an improved surgical splint, has constructed on scientific principles, one which at the same time gives strength, is of light weight, and secures perfect air circulation to the bandaged limb. On the latter point, now existing splints are entirely wanting; and to secure it is to bring relief to suffering humanity. We illustrate herewith this splint for the forearm.

This splint, that can be made to suit any part of the body, is made from metal of a very thin gauge. The splint consists of two plates: one of which has the exact shape of the curvature of the injured limb, this plate being perforated and used next to the body. On top of this plate is soldered another and corrugated plate; the corrugations in this plate run lengthways, and are at both ends bent to form hooks or supports, to prevent the bandage from slipping over the mouths of the tubes. The idea of the corrugations and perforations is to secure, as the name of the invention indicates, a perfect air circulation; at the same time the corrugations will give strength to the splint, of however thin material it may be made. The splints are to be nickel-plated to prevent oxidation. One advantage of this appliance is, that any desirable amount of bandage can be used without heating the injured limb. Another, that all feverish moisture so annoying to the patient will disappear through the perforations and corrugations in place of being absorbed by the bandage as now is the case with either metallic or other splints. The inventor is making preparations for having this splint manufactured as soon as possible.



A LITTLE Buffalo girl was not feeling well, and her parents suggested that she may be about to have chicken-pox, then prevalent. She went to bed laughing at the idea, but early next morning she went into her parents' room, looking very serious, and said: "Yes, it is chicken-pox, papa. I found a fedder in bed."—*Med. Reg.*

WHEN the doctor placed his ear to the editor's heart and sadly muttered: "Poor fellow; circulation almost gone!" he raised himself and gasped: "'Tis false! We have the largest circulation of any paper in the country!" Consistent to the end, he lied as he died.—*Weekly Med. Review.*

*THE TRUE LINE OF HOMŒOPATHIC PROGRESS.**

J. P. DAKE, M.D., NASHVILLE, TENN.

In compliance with an urgent request from my old friend, Dr. Runnels, Secretary of the Missouri Institute of Homœopathy, I write briefly on the subject stated above.

It is an ever-present question with societies, as well as colleges and journals devoted to medical progress, as to the best direction in which to bestow their labor.

Because a society, a college, or a journal, has been established in the interest of the therapeutic principle enunciated by Hahnemann, it does not signify that its attention must be exclusively given to the proofs and applications of that principle. That would lead to a very limited cultivation of the medical field, and to a very one-sided development of the medical art. Medical men who are properly informed, whose eyes have been opened to the needs of suffering humanity, and whose desire to afford relief has led them to look about earnestly for curative means, are well aware that the homœopathic law has its own sphere, outside of which it is of no force or value, and that a large number of the ills of the human body cannot be treated under the measures it may direct. The antidotes of chemistry, the forces and appliances of mechanics and the provisions of physiological hygiene, as well as the kindly influences of palliative agents, are not subject to that law. Other principles must direct us in their application.

Recognizing the fact that medical progress demands the cultivation of chemistry, mechanics and hygiene, so far as they relate to human health, in societies as well as colleges and journals, I now wish only to inquire on what lines we should cultivate homœopathy. It is not for us to attempt improvement upon the law of cure discovered, enforced and applied by Hahnemann. That, like the law of gravitation discovered by Newton, stands perfect and supreme in its domain. The first great duty devolved upon those who would render obedience to the homœopathic law is not yet discharged, namely, the development and recording of the necessary knowledge of the means to be employed under its direction.

The testing or proving of various agents, whereby to arrive at a knowledge of their special powers and effects upon the human system, has been attempted at various times and places with some good results, but the work has not been conducted with sufficient thoroughness to exclude what may be called spurious symptoms. The exact methods employed in other departments

*Read before the Missouri Institute of Homœopathy, at Springfield, Mo., and reprinted from *The Clinical Reporter*.

of science have not been regarded, and, as a consequence, the symptomatology composing our *materia medica* abounds in misleading statements. Clinical experience has essayed to confirm the provings, distinguishing between the genuine and the spurious; but a thousand years of medical practice would not suffice to purify our pathogenesis, or atone for the neglect of positive and careful observation at the start.

The results of defective experimentation present themselves not only to the practitioner looking for the *similimum*, but also most strikingly to the compiler of a repertory and the writer of a treatise on practice. The conscientious author or teacher of *materia medica*, when duly acquainted with the sources of the pathogenesis he has to deal with, can but hesitate in placing before the profession statements upon the correctness of which human health and life must depend.

As a teacher of *materia medica*, more than a third of a century ago, I became painfully aware of the defects of which I speak, and no amount of veneration for the workers who had gone before and for the massive volumes of drug-provings before me, could prevent my exposure of the situation. What I have said since that day, in the American Provers' Union, the American Institute, and in various journals, I need not here repeat. With much satisfaction, I have seen the work of exposure go on in the American Institute and the British Homœopathic Society, and the inauguration of an effort to bring together and sift the gatherings of the past, as well as to institute experiments under greater safeguards by such men as Conrad Wesselhoeft, for the extension of our pathogenesis.

The most serious check upon homœopathic progress, and that which has cast more gloom upon its future than any other one cause, has been the attitude of men accorded the position of leaders, who could see no defects in the current methods of drug proving, but continually maintained the sufficiency of our *materia medica*. They have been ready to hash and rehash the great masses of symptoms, gathered from all quarters, as though they were undoubted drug-effects—wheat, and not chaff—gold, and not sand. Some of their works have been apochryphal enough, a very travesty upon scientific productions. They have frowned upon all self-examination on the part of our school and upon all efforts to correct our faults when clearly pointed out. Such leaders and their confiding followers have been willing to spend months and years arranging the heaps of wheat and chaff in various ways, under divers headings, as material to be relied upon in all the trying places of medical practice and all cases of suffering and danger.

Homœopathy is to be congratulated that young men, well

educated and imbued with a more scientific and discriminating spirit, are coming up to do a work that has been needed from the start.

When they have produced a *materia medica* such as is required by the homœopathic principle, and such as may be had by a proper application of the healthy vital test, they will show practical results not yet attained in homœopathic practice, and prepare a brighter crown of glory than ever yet dreamed of for Samuel Hahnemann.

AN APPEAL IN BEHALF OF THE HOMŒOPATHIC MEDICAL DISPENSARY.

The city of Boston has given, or rather sold for a merely nominal sum to the Homœopathic Medical Dispensary, a valuable lot of land upon which to erect a new dispensary building. It is situated on Harrison Avenue at the corner of Stoughton Street, between East Newton and East Concord Streets, is centrally located for the patients, and is in close proximity to the Medical College and Hospital.

The Dispensary has been incorporated thirty-three years ; and in that time has taken care of upwards of 185,000 poor patients, and furnished gratuitously more than 500,000 medical prescriptions.

The patients thus provided for are not often among the abject poor who are dependent entirely upon charity for support, but are found among those who are able by their daily efforts ordinarily to support themselves ; when sickness comes upon them, or any of the members of their families, they find themselves cramped, and, from their small means, unable to spare any portion in payment for the services of a physician.

To such persons this free Dispensary has been a boon ; and often a single prescription at the outset has saved from serious and prostrating sickness. The amount of good thus accomplished is incalculable.

Some fifty homœopathic physicians give their services gratuitously to this work. The great increase in the number of patients has rendered the quarters which the small funds of the Dispensary can provide, entirely inadequate to the amount of work forced upon it. It is essential, therefore, that a suitable building should be erected and thoroughly equipped for the various departments of the Dispensary. These departments already number twelve, and each one requires space and conveniences especially adapted to its necessities, and to the wants of the large number who come to the Dispensary daily.

Such a building will cost at least \$50,000 ; and this appeal for

the necessary sum is made in behalf of the many thousands who resort to this charity when sickness and suffering are upon them. It is made in behalf of the physicians who generously give their time and services to the dependent sick, with confidence that the community will furnish them the necessary means for best performing their work. It is made in the interests of medical students, who are willing to aid in the work of this charity, hoping at the same time to gain from experienced teachers, knowledge which shall aid them when they too have in their charge valuable lives. It is made for the welfare of the community, whose comfort, happiness and self-respect are largely increased when conscious that they have but done their duty in the relief of the sick and suffering poor.

Should a sufficient sum be realized, a Maternity or Lying-in Hospital, under the charge of generous and philanthropic women, will be connected with this charity, to which may resort the destitute or the unfortunate in the hour of greatest agony and suffering.

Is there any one, however rich and fortunate, or however poor and distressed, but will wish success to this effort, and will desire to contribute thereto so far as their means will allow?

It is neither an easy nor a pleasant task to personally solicit contributions, and those will doubly add to the value of their gifts by promptly sending any contribution to the Treasurer, J. Wilkinson Clapp, M.D., 10 Park Square, Boston, or by informing him of any subscription which they may make, payable at a future time.

Contributions of the smallest sum may be made, and the giver thereby will be acknowledged as a Contributor. A gift of \$50 or upwards, makes one a Life Member of the Corporation; by giving \$1,000 one becomes a Donor; and by \$5,000 a Benefactor to the Dispensary. The names of the Life Members, Donors and Benefactors will be suitable inscribed in the building to be erected.

Your immediate and cordial assistance is earnestly desired.

I. T. TALBOT, *Secretary*.

The undersigned cordially endorse the above appeal, and commend to the public this institution as worthy of a generous support.

Henry L. Pierce.
Chas. R. Codman.
Elisha S. Converse.
Henry S. Russell.
William Claflin.
Samuel Little.
G. T. W. Braman.
J. B. Thomas.
C. V. Whitten.

Mrs. Mary Hemenway.
Mrs. Julia Ward Howe.
Mrs. Oliver Ditson.
Mrs. Pauline A. Durant.
Mrs. Rebecca T. Reed.
Miss Helen Collamore.
Mrs. Richard Perkins.
Mrs. R. D. Evans.
Mrs. Mary E. Gregerson.

Rufus S. Frost.
Thomas B. Aldrich.
W. W. Clapp.
John C. Haynes.
Augustus P. Martin.
Asa P. Potter.
Geo. Henry Quincy.
George K. Guild.
Spencer W. Richardson.

Jerome Jones.
Isaac Fenno.
Matthew Bolles.
William E. Griffiths.
Wm. H. Horton.

Miss Matilda Goddard.
John W. Cumings.
Wm. H. Lincoln.
Fred. B. Allen.
George N. Dana.

George H. Leonard.
Charles G. Wood.
Royal E. Robbins.
Robert G. Fitch.
R. H. Stearns.

This appeal should rouse a special interest in every homœopathic physician. A charity which has been so long continued and so wide reaching must interest the whole community and its necessities, if properly presented by its friends, will surely be supplied. It becomes then the duty of every one of our number to lend a helping hand, and we will soon see this institution made a model one.—ED. GAZ.

GLEANINGS AND TRANSLATIONS.

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FORCED RESPIRATION.—Forced respiration is an advance upon artificial respiration. It will save human life where the latter will fail. This is now a clearly demonstrated fact, the cases treated by the author proving this conclusively. Four lives have been saved in America by the author, and one in Vienna later by Prof. Dr. Boehm, of the Vienna General Hospital. In the first case 20 grs. of morphia were taken. After all known methods of resuscitation had been used, forced respiration was used for two and one-half hours and the life of the patient saved.

The second case took place in Vienna, Austria. In the third case 2 ozs. of tr. opii had been taken, all retained, and after artificial respiration had failed, forced respiration continued from 4 A.M. until 6.30 P.M., or fourteen and one-half hours, succeeded.

Fourth case. Tr. opii \bar{z} ij taken, anterior jugular vein and trachea cut with razor, and a large amount of blood lost. Forced respiration produced; patient became conscious in four hours. Forced respiration kept up until 4 A.M., when \bar{z} viii of a salt solution of 1-2 per cent. was injected into left basilic vein by transfusion method. After twenty-one and one-half hours the patient first breathed freely for himself. In half an hour he requested that forced respiration be renewed for him, this was repeated and the patient made a good recovery.

The fifth case took place in a man eighty years of age who had taken \bar{z} j tr. opii. Forced respiration kept up for some twelve hours failed to produce recovery.

Sixth case. Child eighteen days of age had been given by mistake of a physician, 1 gr. of morphia, which was retained with all its serious effects five hours before respiration per

tracheotomy was instituted. After about four hour's time it failed, through heart failure, to keep up life.

Seventh case. Morphia in large but unknown quantity taken. Operation undertaken after pulse at wrist was lost, pupils dilated, and auscultation failed to detect heart action; blood on tracheotomy venous. Forced respiration produced return of pulse at both wrists and clear action of heart on auscultation, Blood became arterial. Within about an hour it stopped beating.

Eighth case. Tr. opii $\frac{3}{4}$ taken. Patient cyanosed, heart action weak, respirations about one per minute, dilatation of asphyxia taking place. Forced respiration for about eleven hours saved the patient. This last case occurred within this week.

The apparatus is simple, practical, can be used by any intelligent physician, and consists of a bellows to supply a steady column of air which passes through an air heating apparatus. The operation can be carried on in the open air. The apparatus connects with an air valve which controls the ingress of air to the lungs and is connected by an elastic tube with a tracheotomy tube which is placed in neck and trachea of patient.

The movements of bellows are utilized to control time of inspiration and expiration. The author believes that the operation should be used in cases where indicated, now that it has been demonstrated to be of value in saving human life. — Dr. Fell in *Jour. Am. Med. Ass.*

THE HEREDITY OF TUBERCULOSIS. — Hutinel, of the Hôpital des Enfants Malades, has published a communication on the "Heredity of Tuberculosis," of which the conclusions are as follows:

As for the direct transmission of the germ from the parents, we are warranted in affirming that communication by the father is not proved, and is very problematical; transmission by the mother may take place, but it is extremely rare.

Heredity, nevertheless, exists; for if the offspring of phthisical parents are not born tuberculous, they are tuberculizable; they may not, it is true, have brought with them the germ from their birth, but they have inherited a culture soil (terrain) favorable to its development.

In accordance with these conclusions, which are in harmony with a multitude of clinical observations, Langerhaus, who has long practiced in Maderia, has noted that among the individuals not phthisical that have come to that island for a certain number of years, only those born of tuberculous parents become infected by the numerous phthisical patients resorting to that

island every year. Of every ten individuals with phthisical parentage, one died of tuberculosis, while the proportion of these becoming consumptive with no hereditary predisposition has been as one to sixty-eight. — *Boston Med. and Surg. Jour.*

A HINT FOR FACILITATING THE MICROSCOPICAL EXAMINATION OF URINE.—When attempting to examine urine under the microscope for casts, epithelial cells, and other organic bodies, a good deal of annoyance and difficulty is sometimes caused both by urates, and also, when the specimen is not quite fresh, by fermentation and putrefactive products. In order to obviate this difficulty, and with the further view of preserving the specimen, Dr. M. Wendringer advises that the urine should be mixed with a nearly saturated solution of borax and boracic acid. This dissolves the urates and keeps the urine from fermenting, and at the same time exercises no destructive effect upon the casts and epithelial elements which it is desired to examine. The solution is prepared by mixing 12 parts of powdered borax in 100 parts of hot water, and then adding a similar quantity of boracic acid, stirring the mixture well. It is filtered while hot. On long standing, a small deposit crystallizes out, but clings to the side of the vessel, so that it does not interfere with the transparency of the liquid. The urine to be examined is put into a conical glass, and from a fifth to a third of its bulk of the boracic solution added to it and agitated with it. The urine will be found to become clear in a short time,—i.e., if there is no cloudiness due to bacteria; and it will remain unchanged for several days. If it is only wanted to clear the urine and to make it keep for a day or two, the addition of a smaller quantity of the boracic solution is sufficient. If a third of its bulk is added, no fermentation or putrefactive processes take place, even if the glass is left uncovered in warm places. Albumen, too, if it exist, is not coagulated. The organic elements—as epithelial cells, casts, blood-corpuscles, etc.—collect so quickly, without undergoing any morphological change at the bottom of the glass, that the first drop taken up by the pipette usually proves a satisfactory specimen.—*Thera. Gazette.*

MENTHOL IN ASTHMA.—Dr. Jores mentions, in *Therapeutische Monatshefte*, that he has employed menthol with success in asthma. The patient was a woman who had asthmatic attacks for which all the usual remedies had proved unsuccessful. Jores then resorted to menthol, a twenty-per-cent. solution in olive oil. While before its use there were crackling and rattling râles heard in the lungs, the whole attack disappeared after a few inhalations, and auscultation showed that respiration was en-

tirely normal, the heart beat unchanged, the pulse full and strong. The patient said that she frequently felt in her head as though she had inhaled chloroform. Since its first employment the remedy has proved promptly successful in all attacks.—*Amer. Prac. and News.*

THE FORCEPS AS A CAUSE OF IDIOCY.—The *London Lancet* gives a short account of the investigations of Dr. Winkler and Bollaen as to the effect of forceps upon the brain substance. They held a number of autopsies on idiots, in one of which they found marks of the forceps on both sides of the head, corresponding almost exactly to the damage done to the brain. Of ten idiots examined after death, and twenty-five living, six had bilateral depressions in the skull. Drs. Winkler and Ballaen believe that depressions of the skull caused by forceps, even when no fracture occurs, tend to damage the cortical substance of the brain, and that this leads to general atrophy of the hemispheres, thus producing idiocy.

The exact degree of pressure that should be made with the forceps must be left to the judgment of the physician. It is a much easier matter to graduate the pressure before making traction than while traction is being made; for this reason a set screw in the handle is of great service to those who are not thoroughly skilled in the use of forceps. The base of the cranial cavity has been fractured in instrumental delivery. The investigations mentioned will assuredly do good in calling the attention of the profession to a possible danger that has heretofore received too little attention.—*Mass. Med. Journal.*

SUCCESSFUL TREATMENT OF GALL-STONE BY MASSAGE.—The patient, a doctor, 50 years of age, from exposure in November, 1885, was suddenly stricken down with the usual symptoms of obstruction of the gall-duct. Of course, jaundice followed. He was treated eleven weeks before I saw him. From his attendants I received the history of his case and their treatment. The treatment was so full and complete, that there was nothing I could think of to suggest, in the therapeutic line, that they had not used. I therefore suggested that we apply the principle of massage to the case. This we did, and after we were through with the movements, it reminded me so strikingly of pumping, that I called it "pumping the liver." I proceeded by placing my hands on the ribs over the liver, making firm and quick pressure downward, letting up and repeating, say for five minutes, and then requested that it be repeated two or three times during the night. Up to that time no trace of bile had been discovered in the dejections. The following day a large quantity of dark

bilious matter passed from the bowels, soon followed by scores of gall-stones. Improvement set in from that day and continued for at least a fortnight, when from some unknown cause another blockade was on hand. The pumping process was resorted to again, with the same desirable result as on the former occasion. After this the patient experienced no further trouble and made a complete recovery.

The principle of the treatment and its application laid down are so simple, and the results in the case above reported were so satisfactory, that the treatment suggested seems worthy of further trial and reports from those who may adopt it.—*Virginia Med. Monthly*.

STROPHANTHUS HISPIDUS — ITS ACTION UPON THE HEART. —

Drs. Weidman and Rosenbusch give the following action of strophanthus :

1. It increases the systolic force, prolonging the latter ; augments the tension of the arterial vasa, and decreases the heart's action.

2. It strengthens the cardiac muscle and regulates the heart's work.

3. It has some diuretic action as well in heart and kidney affections.

4. It does not disturb digestion as other heart poisons (for example, digitalis) do.

5. No symptoms of cumulative action arise from its use.

6. There is less compensational disturbance from its use than is found in digitalis.

7. The best form for use is the alcoholic tincture, which contains all of the bitter glucosides of the drug.

8. In stenosis of the aortic valve its action is negative ; as it does not materially prolong the systole it gives little relief in this disease.—Dr. Pröll, *Allg. Hom. Zeit.*, cxviii., No. 8. — *Hom. Rec.*

HYPNOTISM EXTRAORDINARY. — M. Clovis Hughes relates in *La France Med* a case which is perhaps the most successful example of the application of hypnotism so far recorded. A young lady was attacked six months ago with a nervous ailment which completely deprived her of the use of her voice. Electricity was tried, and with a certain amount of success at first, but it lost its effect after a time, and it was at length abandoned in despair. As a last resource, her friends applied to Dr. Berillon, the hypnotic specialist, and, after a consultation with Charcot, he decided to undertake the case. After having brought on the mesmeric trance by the usual means, he sug-

gested to the patient to say "I am twenty" as soon as she awoke. A minute afterwards she opened her eyes, and at once uttered the words without the least trace of an effort, but there her powers of articulation ended. The next day the suggestion was that she should converse with the doctor, and this she did with ease, though she could not exchange a single remark with any one else present. Finally, at the third seance, Dr. Berillon ordered her to speak whenever and with whomsoever she pleased thenceforward. Since that time she has been able to use her tongue freely, and her voice is as clear and distinct as it was before. — *Med. Times.*

SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The first meeting, after the summer vacation, was held at No. 5 Park Street, Thursday evening, Oct. 3, 1889, President Hedenberg in the chair.

Dr. A. Isabelle Lyon, of Haverhill, was elected to membership, and the names of Dr. James Krauss and Dr. W. B. Perkins were proposed.

Before proceeding to the scientific session, Dr. Talbot spoke a few words of the American Institute and the cordial reception given the delegates from New England. He said that this was the first occasion at which the western physicians had really appeared in full force. About one hundred and twenty-five new members were added who showed great interest and zeal in promoting the advancement of the American Institute.

Dr. Conrad Wesselhoeft being absent, his place on the programme was filled by Dr. Walter Wesselhoeft, who spoke on the value of clinical instruction. He said, "It must be evident to any one with experience in teaching, how absolutely impossible it is for the mind to grasp a subject by verbal description.

"If any means can be devised to bring before the student an actual case, then to expound it and call attention to points likely to be overlooked, valuable experience is gained by the student. What the physician ought to be armed with when he steps out into practice is often gained painfully and laboriously during his own practice. He ought to have been trained to go to work systematically to examine his case, and to eliminate the immaterial and wrong ideas that belong to the popular pathology. To get rid of the 'evil spirits' of tradition is one of the things we must seek to do in our clinical instruction.

"Let the student see a large number of cases of any disease and individualize, so as to learn how to treat them.

"The drill in observing pathological conditions by means of clinical instruction is the distinguishing feature of the well-trained physician."

Dr. Talbot next addressed the Society on the subject of Medical Institutions.

Dr. Talbot: "A single case in practice has not the value that the observation of a large number of cases in a hospital has.

"Those who first openly adopted homœopathy were cut off from all medical institutions, such as hospitals, dispensaries, and societies, so the homœopathists had no opportunities for exhibiting the truths in which they believed. A need was felt for some place and the clinic in Leipsic was the first to be established; there has been value from this, but Leipsic being a small place and obloquy being cast upon the institution, not so much good was derived as might have been.

"The homœopathic hospitals may be of comparatively little importance but there are between sixty and seventy furnishing treatment. The building of these has cost \$11,000,000, and the support much more.

"The first hospital incorporated is in our own city, the Massachusetts Homœopathic Hospital. Although the seed of this was planted in 1855, it was not until 1871 that it began to develop. Since then several hospitals have been established, in New York, Rhode Island, Philadelphia, Pittsburg, Albany, Rochester, Cleveland, St. Paul, and Chicago. Detroit has one of the finest in the country. Melbourne, Australia, has a fine hospital superintended by one of our own graduates, and another graduate connected with it.

"The establishment of institutions for clinical instruction has already taken place, but they must be watched and nursed; without work and zeal and enthusiasm any institution will fail. A dispensary was started in Boston when it seemed impossible to establish the hospital. In 1857 the hospital became in debt and with it the dispensary. It was after this business depression that friends took up the matter and held a fair, which in four days netted enough money to bring the hospital out of its difficulty and make it the success it now is. There have been donations, subscriptions, and bequests received to the amount of \$500,000 in the past eighteen years while in the previous fifteen not anything was contributed.

"The dispensary has stood in the back ground meanwhile; there were those last year who thought it better to take \$10,000 and erect a small building, which would answer for the present;

others thought it better to strive for a building that would be good for fifty years. Now we have the ground, the city of Boston having been especially kind; land appraised at \$22,000 has been given outright.

"The dispensary has furnished 475,000 prescriptions, and all the work this represents has been done in poor, ill-ventilated, dark rooms.

"I will tell you a little secret. We have \$20,000 secured during the past year, and there are many only waiting a friendly word from some of you to give from \$100 to \$5,000. The sum of \$50,000 is going to be raised before many years and I may say *months*.

"We are to have a four-story building which will furnish room for as many as four hundred patients a day. Besides other conveniences, a maternity ward will be provided, where poor wretched women can be made comfortable and where the students will have such advantages as no other lying-in hospital gives.

"If success crowns this effort it will bring money, that is now balancing in the hands of charitable people, to all our institutions."

Dr. Bellows was called upon to tell how the Newton Hospital progresses. He reported a very satisfactory state of affairs, the two schools working in perfect harmony.

Dr. Sawtelle, of Malden, gave an account of the attempt being made in Malden to start a hospital, and of the efforts of the homœopathic physicians to get a share in it.

Dr. Spalding recommended the sending of interesting cases to the dispensary for the benefit of the students. He thought physicians might aid the students in this way. He also spoke of some of the disadvantages connected with the present dispensary building. Adjourned.

S. S. WINDSOR, M.D.
Secretary.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The semi-annual meeting of the Massachusetts Homœopathic Medical Society, was held at Steinert Hall, Boston, Wednesday, Oct. 9th, 1889.

The meeting was called to order by the President, H. A. Houghton, M.D., of Charlestown, at 10.30 A.M.

After the reading and approval of the records of the Annual Meeting, the following candidates were elected to membership:

Frederick W. Elliott, M.D., Boston.

Charles H. Thomas, M.D., Cambridge.

Virginia T. Smith, M.D., Boston.

Clara C. Austin-Leach, M.D., Boston.

F. C. L. Pfefferkorn, M.D., Lawrence.

Report of the Committee on Gynæcology :

I. Gonorrhœal Infection in Women. L. A. Phillips, M.D.

II. Electrolysis in Pelvic Tumors. Wm. P. Defriez, M.D.

III. Remarks on Progress in Gynæcology. Alonzo Boothby, M.D.

DISCUSSION.

Dr. D. B. Whittier, speaking of Dr. Phillips' paper, wished to endorse what had been said in regard to the necessity of physicians cautioning patients against communicating gonorrhœa, and instructing them as to its extremely infectious character.

Dr. L. D. Packard has not found cases of gonorrhœa in women to be productive of such disastrous results as claimed by Dr. Phillips. Has seen very many cases, but no disastrous after-effects.

Dr. H. L. Chase agrees with Dr. Packard. Has not met the extremely disastrous effects spoken of, yet considers it a very serious disease, requiring utmost care. Has never been able to find the gonococcus in females.

Dr. J. W. Whidden, of Portland, Maine, is convinced from his experience that latent gonorrhœa is responsible for many distressing pelvic conditions, as stated by Dr. Phillips. Wished to ask if women suffering with these conditions are capable of communicating gonorrhœa to the male.

Dr. Phillips considers infection rare from the latent form existing chiefly in cervical canal and above.

Dr. W. H. Tobey thinks the dangers from gonorrhœal infection in women greatly overestimated by Dr. Phillips; does not believe in latent gonorrhœa, and does not consider gonorrhœal inflammation worse than any other inflammation; therefore just as capable of permanent cure.

Dr. J. H. Sherman is surprised to find that gonorrhœa is so formidable a disease; has had considerable experience extending over many years, and has never so considered it. Has met with but one instance of disastrous after-effect.

Dr. Alonzo Boothby is aware that it is often difficult to prove a connection between gonorrhœa and the many pelvic disorders supposed to result from it, yet the absence of other causes, and the fact that in a large number of cases the husband has at some time had gonorrhœa, creates the suspicion that this disease may have been the origin.

Dr. Phillips, in reply to a question if it is true that gonorrhœal discharge in women gives acid reaction, and leucorrhœal dis-

charge, alkaline, said that investigators have decided this test entirely unreliable. In regard to the dangers from gonorrhœal infection in women, the opinion of such men as Comstock, Runnels, and Ludlam, outweighs that of those of less experience, and they concur in the opinion of its severity and disastrous results in women.

Report of the Committee on Ophthalmology and Otology :

I. A Case of Convergent Strabismus dependent upon a high degree of hypermetropic astigmatism. L. Houghton Kimball, M.D.

Dr. J. C. Gannett, of Yarmouth, Maine, and Dr. J. W. Whidden, of Portland, Maine, were received as delegates from the Maine Homœopathic Medical Society, and invited to participate in the deliberations of the Society.

At 1 P.M. the meeting adjourned for lunch, which was served at the Hotel Thorndike and gave general satisfaction.

Before returning to the hall, N. W. Emerson, M.D., delivered an eloquent oration, replete with lofty sentiments, appealing to the finer feelings, and pointing the profession to a higher plane of thought and action.

AFTERNOON SESSION.

Report of the Committee on Materia Medica :

I. On the Methods of Critical Analysis of Materia Medica, by C. Wesselhoeft, M.D.

II. and III. Critical Analysis of Drug Provings, by Albert Pick and F. Pritchard, M.D., with Introductory Remarks by Conrad Wesselhoeft, M.D.

Podophyllum.

Arum triphyllum.

Dr. Wesselhoeft explained fully the process and utility of "chart making," and offered the summaries of Mr. Pick and Dr. Pritchard as examples of the result to be obtained.

DISCUSSION.

Dr. T. M. Hunter considered the plan proposed an excellent one theoretically, but impracticable on account of the discrepancies existing in the works of our different compilers.

Dr. Wesselhoeft considers this objection by no means insurmountable. The writings of our earlier compilers might certainly give rise to grave perplexity, and he regretted that these works, which had so long outlived their usefulness, should still be worshipped as authorities. But a short cut has been afforded us by a few clear-headed scientific men.

T. F. Allen and Richard Hughes have given us classic works which are sufficient for our purpose, and will be standard works, not only for homœopathists but for the entire medical profession.

Report of the Committee on Surgery:

I. A Case of Gangrene, James Utley, M.D.

II. A Review of Abdominal Surgery, with a Report of One Hundred and Twelve Consecutive Cases, Horace Packard, M.D.

III. A Case of Congenital Equino Varus, with a new Splint, Geo. H. Earle, M.D.

IV. Congenital Phimosis; its Rational Treatment, N. W. Emerson, M. D.

These papers were read and briefly discussed.

Dr. J. P. Sutherland exhibited a modification of the Levis splint, allowing of a circulation of air to the part enclosed.

The following were appointed a committee to consider the proposed amendment of By-Law No. 4: L. A. Phillips, M.D., I. T. Talbot, M.D., A. J. French, M.D., J. K. Warren, M.D., E. P. Colby, M.D.

Adjourned at 5 P.M.

F. C. RICHARDSON, M.D., *Secretary*.

HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.

The second quarterly meeting of this society was held at Cooley's hotel, Springfield, Wednesday, Sept. 18, 1889. Called to order at eleven A.M. by the President, Dr. George F. Forbes, of West Brookfield. Minutes of secretary read and approved. No business being presented for the society's action, the meeting was at once put into the hands of Dr. L. B. Parkhurst, chairman of the Bureau of Surgery and Zymotic Diseases.

The first paper, "A Case of Chronic Suppurative Otitis with Exostosis of the Auditory Canal,—Abscess of the Brain, Death, Autopsy," was read by Dr. J. C. Mitchie of Springfield. The description of this case elicited many inquiries regarding the nature and treatment of the more common diseases of the ear. In response to which, Dr. Mitchie stated that he had found kali mur. 3x, given four times a day, in doses of three or four grains, to be the best medicine to promote the absorption of pus. Aurum mur. similarly administered was also excellent. The presence of pus was usually the cause of tinnitus aurium. It was apt to occur as a result of naso-pharyngeal catarrh. Merc. dul. was an excellent remedy. In acute otorrhœa the biniodide of

merc. 3x triturated with sac. lac. for base, and blown into the auditory canal had proven in his hands very efficacious. Peroxide of hydrogen may often be used to advantage as a lotion. Inject polypi with saturated solution of tannin. Two or three drops of a mixture of one part iodine tincture to twenty parts chloroform applied upon cotton, in the ear, would relieve tinnitus. The use of the pneumatic otoscope was often preferred to Politzer's inflation.

Dr. Parkhurst reported a case of phymosis cured by dilatation, a method of treatment which he always preferred to circumcision.

Dr. Oliver had relieved a case of peculiar reflex nervous phenomena by the removal of smegma, which had accumulated to the thickness of half an inch about the glans penis.

Dr. O. W. Roberts reported a case of suppuration of testicle. Adjourned for dinner.

The afternoon session opened with a paper by Dr. Cushing upon the action of medicines internally administered for the removal of tumors. The doctor claimed much from their use. Had never failed to cure goitre in this manner. Iodine and spongia were the medicines usually employed. For abdominal growths, apis, bell., conium, and merc. proto-iodide. Under their action he had seen large tumors disappear. Did not believe in resorting to the knife until medicines had been fairly tried.

Dr. Parkhurst reported a case of subinvolution of the uterus cured by applications of bromide of iodine and glycerine. He makes a one to six solution and used a mixture of one part of this to ten of pure glycerine.

Dr. Willis had prepared a paper on "Dysentery," but lack of time prevented his reading it. The doctor, however, gave an oral *résumé* of the principal points. He relied much upon erigeron 1x, also aconite. Recommended the free use of buttermilk. Thought favorably of suppositories of hamamelis, erigeron, opium, and bell. in various combinations.

"Treatment of Diphtheria" was the theme of Dr. Oliver's paper. During a terrible epidemic in which nearly all the patients were dying, he adopted the following treatment, which proved successful in twenty-one consecutive cases:—

℞ Potas. chlor.
Potas. iod. āā 3j.
Aquæ puræ ʒvj.

To children under four years of age one teaspoonful, to those over four, two teaspoonsfuls every half hour until relieved.

Dr. G. F. Forbes spoke favorably of the use of ice in diphtheria. Others of the service of proxide of hydrogen in dissolving the membrane.

Dr. Cushing gave a brief account of experience with his new remedy, *homarus vulgaris*.

The meeting then adjourned.

N. W. RAND, M.D.

Secretary.

REVIEWS AND NOTICES OF BOOKS.

The present volume of the *TRANSACTIONS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY*, containing the proceedings of that body for 1888, is the last which will appear in the familiar form; it having been voted by the Society that its papers shall hereafter be given to the profession through the pages of a medical journal.

As is always the case, this volume yields much interesting reading. The first fruits of experiment with the critical analysis of drug-provings are here republished, with the charts. The report of the committee on nervous diseases is especially interesting, being wholly clinical in character. Among the authors represented in the volume, are many such well-known names as those of Drs. Conrad Wesselhoeft, N. Emmons Paine, Alonzo Boothby and others.

A *CYCLOPÆDIA OF THE DISEASES OF CHILDREN*. Edited by John M. Keating, M.D. Philadelphia: J. B. Lippincott Co. 1889. Vol. II. 1066 pp.

The continuation of this fine and thorough work is as satisfactory as its beginning, which must be accounted as warm praise. The present volume is divided into five parts, dealing respectively with: I. Diseases of the Skin. II. Constitutional Diseases and Diseases of Nutrition. III. Diseases of the Respiratory Tract; subdivided into 1, The Nose; 2, The Pharynx; 3, The Larynx; 4, The Lungs. IV. Diseases of the Circulatory, Hæmatopoietic and Glandular Systems. V. Diseases of the Mouth, Tongue and Jaws. It will be seen that an immense field is here covered, and the famous names which crowd the list of contributors, attest that it is well covered. Among these names, to instance but a few, and almost at random, appear those of Drs. Lewis L. Pilcher, A. Jacobi, J. Milner Fothergill, Chas. E. Sajous, Morell Mackenzie, A. T. Cabot, J. M. DaCosta, and S. Ashhurst. As in the former volume, every subject treated is subdivided so clearly that any particular point on which hurried consultation is desired, can be arrived at without waste of time. Where the contributions are, as a whole, on sub-

jects of so much importance, and so satisfactorily dealt with, it is difficult to single out one from another for especial commendation. The papers on Scrofulosis, by Dr. Henry Ashby, and on Tuberculosis, by Dr. Jacobi, command especial attention from the general practitioner, as treating questions of such frequent and practical interest to him. Dr. Jacobi differs from many authorities, in inclining to the belief that tuberculosis may, after all, be hereditary. He urges the utmost care in the matter of prophylaxis, and when touching on treatment, lays much stress on arsenic and phosphorus. "Unfortunately," he says, with a sad candor which the best science of our time can only echo, with a sigh, "the disease, when fully established, leaves the practitioner no better opportunities than to fulfil the indications suggested in the interest of euthanasia."

The work is finely, fully, and most interestingly illustrated. Although the homœopathist will feel that the sections on therapeutics could be corrected and supplemented with immense advantage, from the text-books in his possession, he will nevertheless rejoice to profit by the hundreds of pages and hundreds of hints on etiology, prophylaxis, diagnosis, diet, surgical procedures, and the many kindred subjects on which scientific practitioners of all shades of therapeutic opinion are at one.

A TREATISE ON SURGERY, ITS PRINCIPLES AND PRACTICE.
By T. Holmes, M.A. Fifth edition, edited by T. Pickering Pick, F.R.C.S. Philadelphia, Lea Bros. & Co. 1008 pp.

This familiar treatise is somewhat analogous in most respects to the well-known works by Druitt, Bryant, and Ashhurst. It covers the entire field of surgery with the exception of ophthalmic surgery, the chapter on which has been omitted from this edition, partly to make room for necessary additions to other portions of the work. Its scope is sufficiently wide even to include a chapter on skin diseases, many of which are not especially surgical in character. Considering its comprehensiveness, there is a wonderful amount of detail in the text, minute points in pathology and operative treatment being generously given. Wherever on account of enforced brevity extended descriptions are excluded, references are made to original monographs, thus greatly enhancing the value of the work. Its popularity is assured and deserved, and will but be increased, in this, its fifth edition. The publishers' work has of course been done to perfection.

INEBRIETY. By Norman Kerr, M.D., F.L.S. London: H. K. Lewis. 1889. 471 pp. Second Edition.

It is not matter for surprise that Dr. Kerr's treatise should so

soon have passed into a second edition. It is, on its chosen subject, perhaps the most valuable and exhaustive work now in existence; at once philosophical and practical; the fruit of wide study, and a well-assimilated experience not less wide. It deals with inebriety in all its aspects; sections being devoted to its etiology, pathology, treatment and jurisprudence. It is a volume to be studied with rich profit, not only by specialists, but by the family physician, whose advice is so often and so anxiously sought by the friends of dipsomaniacs. The point of view adopted by Dr. Kerr is both humane and scientific; he recognizing in inebriety at once a disease and a moral weakness, and advocating both physical and mental means of cure. His remarks on the uselessness and positive mischievousness of short terms of imprisonment for drunkards, are strikingly in accord with the often-expressed opinions of Dr. Paine, the superintendent of our state asylum at Westboro.

Nothing but sincerest commendation can be called forth by so admirable a work. It deserves to be as well known in America as in England.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. Edited by Charles E. Sajous, M.D. and Seventy Associate Editors. In five volumes. Phila., New York and London: F. A. Davis.

This very substantial and always noteworthy contribution to the medical literature of the year, promptly makes its welcome appearance. Every friend of medical progress will be glad to learn that the enterprise of the publishers, in offering to the profession, last year, such a detailed and exhaustive summary of the year's work in medicine, met with such prompt appreciation as to insure such a summary being offered by them annually. Among the contributors to the volumes of the present year, are such names as Paul Mundé, Solis Cohen, Lewis Smith, Theophilus Parvin, Hayes Agnew, John Hamilton, and a score of others hardly less famous; while the corresponding editors send in their records of progress from metropolitan centers and from the remotest borderlands of civilization. Every branch of medical science,—always, and with natural regret, excepting homœopathic therapeutics,—is dealt with, as to the advances it has made in a twelvemonth. Among the very fascinating papers are those of Dr. Hamilton on "Hygiene and Epidemiology," Dr. Xavier Sudduth on "Embryology," and Dr. Ernst on "Bacteriology." To know, even cursorily, the contents of these volumes as a whole, is to be thoroughly *au courant* with the medical progress of today.

THE VEST POCKET ANATOMIST. Founded upon "Gray." By C. Henri Leonard, A.M., M.D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynæcology in the Detroit College of Medicine. Fourteenth revised edition, containing 193 illustrations, "Dissection Hints" and Visceral Anatomy. Cloth, 12mo, 304 pages; price \$1.00. Illustrated Medical Journal Co., Publishers, Detroit, Mich.

A work in its fourteenth edition needs neither praise nor comment to help it on its way. Every fresh edition of this capital little handbook, however, exhibits certain new and valuable features. In the present one there are additions to the "English cuts of Gray," plates useful for instant reference to the surgeon no less than to the student, and much new reading matter on the brain and its membranes, etc. If the little book keeps on growing at its present rate, it will need a capacious "vest pocket" for its accommodation.

THE POPULAR SCIENCE MONTHLY for October appeals to physicians with several papers directly in the line of their work; as Dr. Roose's "The Art of Prolonging Life," and Prof. Mills' "Digestion and Related Functions." Mr. Ogden's "Evolution as Taught at a Theological Seminary," is an amusing and trenchant *exposé* of how dogmatic theology is worsted in its blind tilts at scientific fact. New York: D. Appleton & Co.

The October CENTURY presents an exceedingly varied table of contents, on subjects ranging from Siberian exile and the genius of Molière, to base ball. The Life of Lincoln gives the history of the XIII amendment; art is represented by a richly illustrated paper on Fra Lippo Lippi; Harris' pleasant serial story is concluded, and Thompson has a bright ante-bellum study which he calls "Ben and Judas." The most noteworthy bit of verse is "In Sorrow's Hour," by Lizette W. Reese. New York: The Century Co.

• WE are indebted to our esteemed translators, Mr. Pick and Dr. Pritchard, for the following exceedingly interesting item:

"The 'Volksthümliche Hom. Rundschau,' for Sept. 1889, contains the following good news, in regard to the progress of homœopathy: "

"We are informed of the pleasing fact that also the Ducal Government of Brunswick, (Germany) has recognized by law, as was already done before by the Royal Government of Würtemberg, (Germany), the Homœopathic Pharmacopœa as official (Landespharmacopœa) and it is, as such, already introduced."

Considering the vast number of powerful adversaries of homœopathy supported in Germany by state-bigotry and professional illiberality towards homœopathy this may be regarded as quite a substantial victory for our cause.

PERSONAL AND NEWS ITEMS.

—:O:—

A. S. LOVERING, M.D., has located at Quincy, Mass.

A. M. HUBBELL, M.D., has located at 58 How Street, Haverhill, Mass.

E. B. STEYNER, M.D., formerly of Olean, N. Y., has located at No. 408 Columbus Ave., Boston.

LUCY J. PIKE, M.D., has removed from Detroit, Mich., to No. 53 Blue Hill Ave., Roxbury, Mass.

A. C. REED, M.D., has removed from Clinton to Waltham, succeeding to the practice of Dr. Emily Metcalf-Richardson.

MARY E. WEBB, M.D., of Dover, N. H., sailed for Europe on the 26th of October. She expects to remain abroad for a year or more.

LUCY APPLETON, M.D., has located at No. 589 Tremont Street, Boston. Office hours: mornings, usually until 9 o'clock; afternoons, from 2 to 4 o'clock.

CENTER SANDWICH, N. H., offers a good location for a homœopathic physician. For further particulars address Mr. Elmer B. Harte at Centre Sandwich, N. H.

DR. ALMENA J. BAKER has removed from Newton Street, to 102 Huntington Avenue, between Dartmouth and Newton Streets. Office hours from 10 A. M., to 1 P. M.

DR. ADALINE B. CHURCH has removed from Newton Street, to 102 Huntington Avenue, between Dartmouth and Newton Streets. Office hours from 9 to 12 A. M. (Fridays excepted.)

GOVERNOR FLEMING has appointed Dr. T. J. Williamson of Eustis, Dr. R. H. Stout and Dr. C. W. Johnson of Jacksonville, members of the Board of Homœopathic Medical Examiners for the State of Florida.

DR. MARY E. MOSHER will hold a fair in aid of the Boston Homœopathic Dispensary, at her residence, 53 Blue Hill Avenue, Roxbury, on December 26th. Dr. Mosher will have the aid of her four sisters, and also that of Dr. Lucy J. Pike.

A FIBROID tumor weighing eight pounds was recently removed from a pregnant uterus, at the Massachusetts Homœopathic Hospital, by Dr. Horace Packard. The patient is now convalescent, and the indications are that the fœtus will be carried to full term.

A PHYSICIAN desires to purchase a practice. Any practitioner desiring to sell, will please address, giving full particulars in regard to his practice and location, giving receipts of past year and terms of sale, "Medicus," care of Otis Clapp & Son, 10 Park Square, Boston.

OUR New York *confrères*, who are vigorously fighting the good fight, in that state, for separate examining boards, have sent out an appeal for needed campaign funds, which may be sent to Dr. George E. Gorham, 160 Hamilton Street, Albany, N. Y. The cause is a notably worthy one.

PRESIDENT HENRY M. BAKER, of the board of trustees of the Homœopathic Hospital, of Washington, D. C., states in his annual report, that the association has enjoyed a very prosperous year. The hospital was closed during the month of June, when essential repairs were made to the building, and it is now in excellent condition. It was found necessary to expend more money on improvements than was available, and the association is now \$4,000 in debt to its construction account. Besides the general repairs, accommodations have been provided for a free dispensary, a children's ward, and better accommodation of colored patients. The report states that Congress and a generous public are relied upon to supply the funds necessary for the completion of the repairs and improvements. During the eleven months the hospital was open, 1,903 patients were treated. Of the 168 patients admitted to beds, 129 recovered, 32 left the hospital greatly improved, and only 7 died. An appropriation of \$10,000 is asked for the support of the hospital during the next fiscal year. Among the proposed improvements are a new kitchen, a new engine-room, an elevator, new ward for midwifery, and enlarged accommodations for colored patients of both sexes.

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Contributions of original articles, correspondence, personal items, etc., should be sent to the publishers,
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EDITORIAL.

—:O:—

A CRITICAL ANALYSIS OF FICUS INDICA.

It is with a pleasure and a satisfaction quite beyond words, that we note the statement contained in the last report of the *Calcutta Homœopathic Dispensary*, that this institution has entered upon the undertaking of proving the Indian drugs, according to scientific methods, and arranging the provings in the chart form suitable for critical analysis, that they may be summarized and studied. It is with even greater pleasure and satisfaction that we find, given as a supplement to the report, the chart of the first Indian drug thus proved and arranged: *Ficus Indica*. There is every reason to believe that in the powerful Indian drugs and poisons, there lies an immense mine of rich therapeutic resource. It is of the first importance that they should enter our materia medica through the narrow gate of accurate proving. That they are already in process of doing so, is a reason for hearty congratulation, and as hearty thanks to our Indian confrères for doing us this inestimable service. We shall look eagerly for each new year to bring us the chart of at least one such Indian drug. The present chart is admirable in all respects; we would ask, only, that we be told, in connection with future work, the dose taken, the preparation in which the drug was used, and the frequency of the dose's repetition.

We would gladly, if possible, republish the chart of *Ficus Indica* as it stands; but we must content ourselves with its summary, as follows:

SIX PROVERS :

Mind—.

Head—headache, 6 ; left sided, 4 ; in forehead, 3 ; heaviness in head, 2 ; vertigo, 2.

Eyes—pain in left eye, 3 ; burning sensation in right eye, 2 ; pain in right eye, 2.

Ears—heat in, 3.

Nose—warmth, and “flushing of heat” in nostrils, 3.

Mouth—heat in, 3.

Appetite—“good,” 4 ; loss of, 5.

Stomach—aching of, 4 ; offensive eructation, 2 ; nausea, 3.

Abdomen—aching in, 3.

Rectum and Anus—pain in anus, 2.

Stool—free, 6 ; diarrhœic, 4 ; hard, 3.

Urinary Organs—urine free, 6 ; amber colored, 5 ; phosphatic, 5 ; frequent urging, 2 ; small quantity, 2 ; aching or burning pain in kidney, 4 ; burning sensation, 3.

Sexual Organs—passing of seminal fluid, 3.

Chest—aching in sternum, 3 ; with burning sensation, 2.

Heart and Pulse—pulse from 72 to 84 ; respiration 15 to 22 per minute, would indicate a normal condition ; “respiration, 80 in a minute,” is evidently a misprint.

Neck and Back—pain in left neck and jugular vein, 2.

Superior Extremities—burning sensation of the palms, 2 ; itching of hands, 2.

Inferior Extremities—pain in right thigh, 2 ; aching of legs, 2 ; itching, 2.

Generalities—“fond of” (probably desires) fruits, 2 ; sweets, 3.

Sleep and Dreams—early rising, 4.

From the above it will be noted that a very decided and satisfactory degree of congruence obtains in these records. The variety of frontal headache, for instance, is well established, and is of a type commonly enough met with in practice. The symptoms of the urinary and genital organs are suggestive, though incomplete, and would without doubt well repay further study and proving. The drug is a highly interesting one, and its proving has been well begun. It is to be hoped that in the

coming year it will be further tested by our many clubs and societies, which can find no worthier work than that relating to our materia medica.

TWO UNCOMMONLY NEAT BITS OF PECULATION come to hand this month: one in the *Boston Medical and Surgical Journal* of Nov. 7; the other in the *Medical News* of Nov. 9. The former is an article, by Dr. G. M. Garland, of Boston, on *Euphrasia* Officinalis. The doctor—his attention having been called to the drug by a brother physician—"discovers" that it possesses great efficacy in the treatment of head colds. It is to be given in ten-drop doses. It will relieve the coryza of babies. He illustrates his claims with clinical records. The cream of this delectable communication rises in the following quotations, to which summary were injustice. The italics are of course our own:

"Once upon a time, it was written of *euphrasia*, that it possessed wonderful powers, and produced cures little short of marvellous. To-day, *after searching through a large number of modern text-books on therapeutics, I can record only three* (Phillips, Potter, United States Dispensatory) which give even a meagre notice to this drug. . . . It has indeed descended into such poor estate that it is not only dropped out of text-books, but *also out of the memory of those who handle drugs*. A patient of mine who recently asked for the tincture of *euphrasia* in one of the leading drug stores of Boston, was told that she had confused the name of a drug with that of a manufacturer, and that she probably wanted some preparation of Fraser of New York.

The second bit of peculation, is recorded over the signature of Dr. John Aulde of Philadelphia. He has "discovered" that *Rhus Toxicodendron* is extremely beneficial in sciatica, lumbago, muscular and joint affections and varicose veins. His preparation is one drop of the tincture to ten parts of dilute alcohol. He also illustrates his statement with clinical cases. He closes with this sublime peroration: italics again ours:—

Whether this is assuming too much I submit to the judgment of the reader, and should like to have the matter tested by other observers besides myself, as *I have shown that it is a drug of no small importance, and also that it can be used with safety*.

The trouble with the above is, that it is far too modest. Drs. Aulde and Garland do themselves gross injustice. Gentlemen capable of "discovering" and "showing" facts that have been

known and utilized by thousands of practising physicians for three-quarters of a century, more or less ; that are recorded in hundreds of scientific text-books, for all the world to read ; that are taught, yearly, in medical colleges the length and breadth of our land ; gentlemen, we repeat, capable of "discovering" facts like these, should not confine their claims to anything so modest as the homœopathic power of *rhus tox.* They ought to "discover" and "show" to a wondering world, that somewhere toward the setting sun there lies a vast continent which four hundred years ago was named America ; they ought to discover that the earth is round and not flat ; that it moves ; that there is a law of gravitation ; that water will freeze at a temperature of 32° ; that fire burns a finger thrust into it ; that — lastly but O how importantly ! — they ought to discover that all "discoverers" of their ilk stand evermore with Constable Dogberry, in the category where he wrote himself down an Ass.

Men and brethren, it is a curious speculation as to when the allopathic school, in its growth toward manly maturity and dignity, will discard pinafores and baby-caps for knickerbockers and Tam o' shanters. For as yet, the infantile stage defies the hope of its being outgrown. There is no simile for such bigotry coupled with such dishonesty. An ostrich hiding its head and thinking itself unseen is dignified, is rational, compared to the "discoverers" who search for a drug everywhere but in the text books where its history, its preparation and its powers stand chronicled in full detail. "The dignity and the honor" which will not let allopathy associate with charlatans ! If there be such honor, it is the "honor among thieves."

TWO REPORTS are singled out for especial mention from the multitudes which at this time of the closing year wing their way to the editor's table. Both are reports of homœopathic institutions, which, almost the width of the world apart, are doing fine and useful work, and upholding the banner of our cause.

The first of these is the report of the *State Homœopathic Asylum for the Insane, at Middletown, N. Y.* Always interesting

reading, it is especially so this year, as embodying the results of Dr. Talcott's investigations in the summer of '88, into the methods of many of the great European establishments for the treatment of the insane; Gheel, among others, Uccle, Giuslain and Venice. Detailed comment on these most interesting investigations is impossible to us, at present; but one notes that the general and beneficent tendency, the world over, is toward the utmost humanity and consideration in the treatment of those mentally diseased; toward respect for their personality, and patient study of the individual case; and finally toward the largest liberty consistent with safety. It is interesting to observe that the "foster-parent" system,—a much happier phrase, than its predecessor the "boarding-out" system!—is growing in favor both in this country and in Europe. The statistics of the Middletown hospital, for the year just ended, are as always, most creditable. The average daily number of patients treated has been a fraction over 506. Forty-six per cent. of the number discharged have been entire recoveries. The percentage of deaths on the whole number treated, has been 5.35. Among the most interesting things to be noted in the report, is the zest with which patients have participated in outdoor amusements. A base-ball nine was organized at the asylum early in the season, and the greatest and most beneficial enthusiasm has been aroused both by the preliminary practice and by the numerous match games; an enthusiasm affecting not only the players, but by a pleasant family pride, the inmates of the whole institution. When one contrasts the suggestions of a fact like this, with the facts of the treatment of the insane a century ago, pessimism grows dumb.

The second report singled out for mention, is that of a little institution often mentioned in our pages, and of so unique and picturesque a character that the *Gazette* confesses to a very especial partiality for it. We refer to the *Calcutta Homœopathic Charitable Dispensary*. Its report for the present year shows it to be increasing in usefulness and popularity. "From remote parts," we are told, patients are brought to test the efficacy of the treatment, the simplicity of which must be a perennial wonder to simple minds. The diseases treated are of the most

varied character, fevers, as would of course be inferred from the climate, being much in the majority ; with a near following of dysentery and skin diseases. The percentage of cures on the whole number treated, is 64.62. The clinical cases noted in detail are most interesting, and could be supplemented indefinitely, to the augmenting of our interest. The project now on foot to establish a hospital, is one to command world-wide support ; and we trust America will not be remiss in contributions ; of which the smallest will be welcomed. Needless to say that the interest shown by our Indian *confrères* in proving drugs by scientific methods is hailed by the *Gazette* with the warmest enthusiasm. The proving of *Ficus Indica* embodied in the report, is elsewhere made the subject of editorial comment.

“RELIGION AND MEDICINE.—Lord ! How mightily they need each other !” That is the text of the meditation in which the Doctor is indulging, as he plods somewhat wearily homeward through the frosty starlight, on Christmas Eve. He is of course returning from Mrs. De Nerfs. It is an axiom in the Doctor’s long-suffering family, that when any especial demand on “mind, body or estate” makes it imperative for the Doctor to remain at home, he will be needed at Mrs. De Nerfs. To-night the home demand is that he sit down to a cosy holiday dinner with a few old friends, consequently Mrs. De Nerfs has had a sudden and alarming attack of what she calls “confusion in the head ;” but the Doctor released at last, is now indulging the trembling hope that he may reach home in time for the wine and walnuts.

But even in his haste to achieve that piece of good luck, the Doctor has paused a moment, at the open door of one of the great and beautiful churches, in which the “court folk” of the city meet to remind each other that they are miserable sinners. The moonlight was white, on the noble tower ; from within came, on whiffs of warm air, the pungent scents in which Christmas hides ; evergreen and ground-pine and holly. The choir were practising a Christmas anthem ; and clear and sweet above the organ thrill, the Doctor caught the chanting of familiar words ; something about glory and peace and good will. The pleasant and sacred atmosphere of it all wrought gently upon even the

irritability of a hungry man, cheated out of the wholesome and anticipated comforts of a friendly dinner ; and the Doctor has gone on his way, with exasperation softened to philosophical reflections ; of which, as we have said, the text is the mutual dependence and usefulness of religion and medicine.

Good Heavens ! thinks the Doctor, how the parsons could help us, and we the parsons, if we could once get on to a working basis. There would have to be concessions on both sides. We should have to admit that there may be things in the universe that can't be seen through a microscope, and haven't a bug as their Great First Cause. They would have to understand that while we live "in connection with a body," as someone rather neatly puts it, the body is going to have rather a heavy vote in even our spiritual legislation and it's the part of wisdom to recognize that fact. We should have to stop hurling "materialist" and "dreamer" at one another. And then perhaps, we should find how mightily we could supplement each other's work ; not only in the abstract, but in every-day practical detail.

It would be a great scheme to have every firm of healers with two partners, a doctor and a parson. Now if Highsoule had just a trifle more hard sense, what a weight we could pull in double harness, he and I ! There would be cases every day which one of us could turn profitably over to the other. Now there's that little Miss Neurosa he's fretting his conscientious heart out over ; the one who has so many "spiritual temptations," and feels sure there is peace for her only in changing Protestantism for the security of Romanist rule, and shelter and discipline. Highsoule argues and pleads, and prays with her hours at a time, and only makes her more hysterical than ever. Now if we were partners, he'd turn her over to me, and I'll wager I'd have her free from spiritual temptations and her Romanist craze in three weeks. What that girl needs is cod-liver oil, and isolation, in bed, with no more sympathetic society than that of a big, stolid Swedish *masseuse* who would come in twice a day and give her a good pommeling. And when she complained, as she would of having no one to talk to, tell her that is good practice for her coming convent, where she won't

be allowed to talk at all. Bless me! chuckles the Doctor. I'd turn her over to Highsoule improved to that extent that he'd call it a miracle!

And what he could do for me! He's good at exhortation, is Highsoule, and has a drastic way of putting things when he sees 'em clearly enough. If I could turn his sermonizing loose, so to speak, as a matter of treatment, on Mrs. De Nerfs, it would do more for her than any drug in the pharmacopœia. If he could condemn it into that woman, that the root of every trouble she has is simply her intense, all-pervading egotism and selfishness, that hungers for all the sympathy and care and anxiety and service, that everyone among her family and friends can give, and sooner than have it relax for a moment, will invent a new disease three times a day,—if Highsoule could shame her or persuade her or scare her by love of her Maker or fears for her soul's salvation, into thought for others and forgetfulness of herself,—well, concludes the Doctor with a grim smile,—I probably should be able to eat my Christmas dinner in peace, next year.

And then there's Growlsby. Poor Highsoule told me last week, with tears in his eyes, that he really would have to refuse Growlsby the Communion, if he continued to indulge his raging temper as he has been doing for the last three months. There's a case for the medical partner of our concern! The trouble with Growlsby isn't an impenitent soul; it's an outraged digestion. He doesn't need the waters of a new baptism so much as he does irrigation of the stomach. Let me have charge of him awhile, and I'd give him back to his overjoyed pastor a reformed character.

And then, thinks the Doctor, with a sorrowful shade creeping over his kindly face, that poor Auriferous baby whom Highsoule will read the funeral service over to-morrow morning; if Highsoule could have had its father and mother in his authoritative charge, before yet baby had come to be, it might be jingling a Christmas rattle in plump little fingers to-night instead of lying with them wanly folded over a white rosebud. When the pulpit drops the probable fate of the heathen to preach on the duties and decencies of Christian marriage, life will brighten for the medical half of the partnership of healers!

At which point in his meditations, the doctor fits, at last, the latch-key to his door, and philosophical reflection is swallowed up in greedy joy, as he is informed that the roast beef has not yet come on the table. A gentle optimism beams from the Doctor's face, as a few moments later he lifts the carving knife above the well-browned joint. Even in a world where religion and medicine are still ridiculously and harmfully at odds, the Doctor thinks there is hope of better things, so long as dear and tried old friends can smile at each other across the Christmas holly.

ON THE USE OF CHARTS IN ANALYZING THE MATERIA
MEDICA.

BY C. WESSELHOEFT, M.D., BOSTON.

Read before the Massachusetts Homœopathic Medical Society.

Our discussions in this society during the past decade and longer, have turned largely on the various branches pertaining to the reconstruction of the materia medica; thus we have learned that our pharmaceutical methods needed certain important changes in order to insure greater certainty in the substances used, more particularly in regard to the preparation of soluble and insoluble substances. More recently attention has been directed to the investigation of methods of proving, which important process depends wholly on correctly prepared material regarding which we should possess unassailable evidence that it actually contained what its name implied.

As for nearly a hundred years, old and unreliable methods grew out of incorrect knowledge of the results of tituration and dilution, regarding which more correct views are beginning to be entertained, and the conviction gaining that many proving-records will have to undergo a sifting process in order to discover what may be advantageously retained and what should be eliminated. Although the fame of homœopathy rests on these older provings and the success attained through them, the methods of preparing the substances proved now known to be erroneous, renders the task of sifting or critical analysis very irksome, but not necessarily difficult where labor is not feared.

While it is to be hoped that modern provings will be so conducted as to avoid much of a laborious sifting process, the future value of the older provings depends on the development of methods of analysis, which shall make it possible to detect and distinguish erroneous records from reliable ones.

Your committee has from time to time reported results derived from a method of sifting, which thus far has called out much very creditable work, under the guidance of rules and suggestions published in the transactions of this society, as well as in those of the American Institute of Homœopathy.

These rules in no manner militate against the fundamental principles of our school, as some without careful study of the methods proposed, persist in declaring. As matters stand to-day it may be safely granted that the law of similars is a great principle of very wide scope; that its true application leads to the cure of inveterate diseases; it may be safely granted that the proving of drugs is the only solid foundation of therapeutics; and likewise may it be granted that medicines must be administered singly in dilute or attenuated form. But with equal justice it is to be granted on the other hand, that in order to achieve homœopathic cures, or in other words to be able to attribute cures to remedies given, there must be evidence that such medicine was correctly prepared, that in fact it was a medicine; there must be evidence that it was correctly proven, that is, that the actual and not erroneous effects were recorded, and finally that it was correctly chosen. Hence it must be granted that if the medicine was incorrectly prepared, and incorrectly proven, it cannot have been correctly selected according to the rule of similars.

Those who give close attention to dietetics and to the removal of discoverable causes, will cure more patients than those who use too much medicine in a vague empirical manner without attention to hygiene. The success of homœopaths depends greatly on this attention, but they could add much to their success (with which in some cases they are unfortunately too well satisfied) by ceasing to ignore suggestions and methods which are destined to lead to much greater precision in pharmacy as well as in the proving of drugs. It is with this object in view that the methods of comparison through the medium of charts or other means are brought to your notice.

The article "A New Materia Medica," etc., by Dr. T. F. Allen, and the analysis of thirty-four provings of gelsemium with chart and summary by Dr. H. Cox O'Connor in the June and August, ('89), numbers of the North American Journal of Homœopathy are most encouraging signs of the times, and will lead to more reliable work of the same kind. Under this head there should also be mentioned the analysis of bryonia by the Medical Investigation Club, of Baltimore, in the number of June, 1889, of the Hahnemannian. This club, while using the method proposed by me for the elimination of untrustworthy symptoms, as well as those occurring only in one prover, style theirs the "synthetic"

method, and do not make any reference to works of this kind done years before by Dr. Allen and me.

To these and all workers, a few remarks on charts may not be amiss. I fully concur with Dr. O'Connor, concerning his objections to the chart-plan, under certain conditions. It is cumbersome, it occupies too much space; although that is about all that can be said against it. It is a severe task as any one will know, who has made a chart of, say seventy proverbs; this may cover a space ten feet high by thirty in length. Such charts grow smaller as the number of proverbs quoted, grows less.

Unfortunately our *materia medica* has been allowed to grow, that is, to accumulate in mass regardless of value, without having undergone any severe methodical sifting, such as is demanded in our time, and such as is being bestowed on all great cumulative works by scholarly men working in unison under one guiding principle. See the searching analysis the Bible has undergone during its retranslation; the Talmud with its accumulated lore of thousands of years, and also the Koran like all cumulative works of history and philosophy, tax the best energies of generations of scholars, working upon some principle of critical analysis, and this is impossible without some system of charts.

Such charts are only for the convenience of comparison, and comparison would be unreliable and impossible in many cases unless the objects to be compared are made plainly *visible*.

When there are many objects to be compared, the mind especially if untrained—as most of our minds are as yet for this special work—fails to take in the whole field, say forty to seventy lists of head-or-chest-symptoms, unless they are plainly in sight and will remain so.

Perhaps the mere clerical part of the work, that is picking out symptoms that look or sound alike, may be done without charts; but where we have such a vast array of proverbs' records, a comparison without charts, that is, without some written or printed arrangement of "symptoms" to aid the mind in comparing the value of proverbs and statements, which we call "symptoms," is impossible.

It is not only the numerical synthesis (putting together) of apparently similar statements that we want, but also a careful weighing of meanings as to pathological values, by which not only numerical *congruity* but chiefly pathological *concordance* can be established.

As workers progress in this matter, they cannot fail to perceive the growing importance of these conditions of which numerical values, (*i. e.* the frequency with which a symptom occurs) are only one part.

At present we are all beginners in this work, and as such we

would very soon discover that working without charts of some kind, would prevent us from fulfilling the most important conditions of our work.

Like others I sought for a short cut, and dashed at the work bald-headed, as the phrase goes, but very soon found that I had attempted too much, and that my head, though bald enough, was not equal to the occasion. So I attempted brief written comparisons, but these being fragmentary, became mixed, so there was no other way but to resort to the mucilage bottle. This brought all symptoms in a row, and in sight; although it was longer than my room, I could pin it up on the wall and walk along making comparisons.

I have done this a number of times, having made several huge charts, and do not regret it; if there is a shorter way, let us know it by all means. I repeat, the bulk and dimensions of the chart are its apparent drawbacks, but its great advantage lies in its principle. It differs from the book,—say Allen's—only in this, that the latter contains its substance on separately printed pages, which, being bound in a volume, occupy but little space; while if cut out and placed side by side upon a large surface, these pages would occupy as much space as our chart, without, at the same time, facilitating comparison, because the objects to be compared are not placed side by side.

The proposition can be easily defended, that no one can profitably undertake a comparison of provers' records on a large scale, without having first had practice in making charts, and all those interested in this important work, are most earnestly advised not to attempt it without first having had actual practice in making charts, schemas, diagrams or whatever they may be called.

In doing this it is not advisable to begin with a proving composed of many voluminous records. We must set our young men and women at work, and advise them to select some proving of comparatively few records; five are enough, and of such many of our best provings generally consist. Such a proving is easily arranged upon a sheet of paper twenty inches long by fourteen in width, and even upon a smaller sheet. In this instance, rule the sheet in as many columns as there are provers, and in a small hand write each proving into a column, so that the parts of the body are arranged side by side, and can be scanned horizontally. In this way, I have lately analyzed seven provings of from two to eight provers' records each. It required comparatively little time to write the symptoms of each proving in columns, and what time and work was required here, was easily compensated for by the time saved in making the necessary comparisons; these even in comparatively short provings, are

difficult, unsatisfactory and tedious without charts or some similar device to aid the mind.

Chart making is clerical work, and should be entrusted to medical students of both sexes. The matter of comparison should be the work of one experienced and familiar with proving, with its advantages, as well as with the danger, of perpetrating errors.

When one has familiarized himself with arranging charts of few records, he may then advantageously proceed to more voluminous "provings" that is, such as are composed of many records. In doing this it will be decidedly best to select from a vast compilation only actual provings and cases of poisoning, excluding all second or third-hand statements, opinions and clinical records. Having completed one or more such large and small charts, one will become familiar with their peculiar effect and advantages; one cannot realize without charts or other means of ocular demonstration, the glaring defects of proving; here one sees column after column of bare white spaces, alternating with columns black with symptoms; showing the great inequality of provers to be affected; he will see at a glance, whether what is recorded agrees or does not agree. Again, he will see columns which contain but very little writing. This an inexperienced analyzer might pass by without noticing, while by running his eye horizontally along the line, he will find that these little black remarks with bare spaces above and below them, all agree; and he will learn that the most voluminous "provings" are not necessarily the best.

Having learned how to make and use charts, having had them before his eyes and learned from them many things which he could not have learned without them, the analyzer may now cautiously proceed to do his work without charts, but probably not without much writing and making of memoranda. This requires a peculiar aptitude of mind which not all possess; still it can be acquired, and some will have to acquire it in the face of the vast accumulation of unanalyzed, uncriticised, crude material, which has been allowed to accumulate for a hundred years. Yet where the proving is not too voluminous, as will be the case in all recent provings, we shall find that charts are the most convenient arrangements for rapid analysis.

In conclusion I will say that seven provings of from four to eight provers each, have been analyzed by me and will appear in the Transactions of 1889. Besides these I have carefully written charts prepared by students of the Boston University School of Medicine; to wit, *Agnus Castus*, by Miss Louise A. Griffin; *Aloes*, by Mr. Lantzius-Beninga; *Aethusa Cynapium*,

by Mr. Frank Pritchard ; Aesculus Hippocastanum by Mr. Albert Pick ; Allium Cepa, by H. H. Braley.*

Some of them are provings of many records, and have consumed much paper which would occupy many square feet of space, yet the labor and time saved in analyzing these voluminous charts will many times repay the work of making them, which in reality were only a few hours consumed in copying. Each of these students has made a comparative analysis of the drug-proving on his chart, and so far as time has permitted a review of this work, the results of these analyses are excellent, and will require but little alteration. Such correction and alteration would have been equal to the re-writing of the whole subject had those gentlemen and ladies been tempted to analyze the provings without charts.

Another very useful method applying to critical analysis is the following :—Supposing the provings to have been arranged in anatomical order as a matter of convenience, and supposing the chart to have been prepared, unless the analyzer prefer to proceed without a chart, it now becomes desirable not only to compare the results of the various provers, but to turn them to the best account in case of agreement.

Now supposing ten out of fifteen provers agree, we do not only desire to know of this agreement, but we desire also to discover that which is peculiar and characteristic in this drug. In order to discover this we must know first, the general character of the symptoms as to pain or sensations ; next to this, we should know the precise *locality* of the sensations recorded by our ten provers, and finally we should endeavor to find the *conditions* under which the disturbance occurred. All this can not easily be done in making the general chart, without adding greatly to its already great dimensions. Nothing remains, therefore, but to devise *another* chart or table of comparisons. This is readily accomplished by ruling a sheet of paper in three columns. Then let us take *e. g.* the head symptoms of our ten records and arrange them in three columns. The first column contains the kind of symptom ; the second the locality or organ where it occurred ; and the third, the conditions under which it occurred.

Having accomplished this easy matter, it only remains to sum up at the bottom the prevalent conditions, together with the prevalent locality or organ, and the prevalent *conditions*, in order to get not only that upon which all provers agree, but chiefly that which all most desire to know, — the *peculiar and characteristic effect of a drug*, according to which it is to be selected according to the rule of similars.

——* Messrs. Pick and Pritchard have completed Podophyllum and Spongia.

This is the plan upon which I have recharted the charts made by our students mentioned above. It is by no means uninteresting work and repays the worker many fold.

A CRITICAL ANALYSIS OF PODOPHYLLUM AND OF ARUM TRI-PHYLLUM.

BY ALBERT PICK AND F. H. PRITCHARD, M.D., WITH INTRODUCTORY REMARKS
BY PROF. CONRAD WESSELHOEFT, M.D.

Introductory Remarks.

The ready response to the appeal for a critical study of the materia medica renders it a pleasure to preface by a few remarks the papers here presented. Undaunted by the severe labor in the arrangement and sifting of an often heterogeneous mass of provings, a number of recent graduates and undergraduates have with patience and industry given their time to a kind of work, of which those who prefer to depend on repertories of the old style have no idea, and rather than try to understand it prefer the antiquated custom of uttering condemnatory growls here and there, hoping thereby to ward off every additional work, though it might lead to an immense improvement in our therapeutic results.

In the century now drawing to a close, the "proving" of drugs has furnished so great a number of records that the work of sifting and separating the useful from the useless is almost impossible, and can only be accomplished by calling a temporary halt in the production of records, in order that the next two generations may have time to examine what those of the past have accumulated.

But why analyze and sift all this mass? Is it not an axiom of our school, that after the smallest dose of medicine taken for the purpose of proving "every symptom and deviation from the normal state of health, observed by the prover while under the influence of the drug is derived only from the latter, etc?"

This seems so self-evident that for a century it has not been questioned, nor considered worthy of further investigation; while, in fact, the most rudimentary or merely tentative investigation would result in many reasons for doubting this wholly theoretical axiom. The taking of an inert substance *supposed* by the prover to contain medicinal and pathogenic properties, while under the sole influence of the suggestive power of supposition, will produce a multitude of sensations. This has been and can at any time be demonstrated; but being very inconvenient, is entirely ignored by many who dislike to be disturbed in their old-fashioned routine.

From similar sources it is argued that the sifting process by means of critical analysis will yield only commonplace effects, while the "contingent" symptoms arising from idiosyncrasies of provers are disregarded or lost in what is erroneously supposed to be a mere mechanical method of generalization.

Holding fast to the main principle of our school, that the only adequate and correct knowledge of drug effects are to be obtained by testing drugs upon the healthy, all those who give close thought to the subject and derive experience from actual experiment and observation must soon discover the many serious difficulties to be encountered in arriving at results, the correctness of which could only have been determined by more frequent comparisons of experimental results, guarded by crucial countertests, none of which have been in vogue to any desirable extent. As these have been omitted under the guidance of the prevalent notion, that proving consists merely in taking any and every kind of drug or dose, and faithfully recording all *sensations* which follow, it only remains for us to devise methods of comparison by which the incongruity and errors can be eliminated with a reasonable degree of certainty.

Far from eliminating "prominent and characteristic symptoms" and leaving only those which are "indefinite and general," (See Organon §§. 153, 104, 138) the method proposed (See N. E. M. G., June, 1886, December, 1888, January, 1889, and other numbers), or other methods equally radical, offer the only possible means of recognizing those true and unequivocal effects by which each drug is to be distinguished from the other. It is the only principle upon which it can be discovered, whether provers furnish conclusive evidence regarding that which is peculiar, characteristic and distinctive.

It is the only means of finding out by how many, and what kind of provers and doses such evidence is furnished.

There evidently exists some degree of uncertainty as to what is meant by "contingent, idiosyncratic, prominent and characteristic symptoms." The literal meaning of these phrases will render classification easy.

Contingent symptoms or such as arise from some peculiarity of a prover, though theoretically existing, are so difficult to discover and to determine that the attempt at discovering and pointing them out would merely end in confusion and uncertainty. Where there are recorded ten or more provings, all differing in many details, we cannot point to anything contingent or idiosyncratic, as being useful, *unless it is corroborated and emphasized in a majority of the records.*

The true value of contingent symptoms is their character of *qualifying* that which is commonplace, thereby rendering it dis-

tinctive and peculiar, precisely as an adjective qualifies a noun, or as degrees of comparison qualify adjectives. Such distinction we need, and such we must seek to preserve; it is for precisely this purpose that in our method of critical analysis we have insisted on the distinction between mere congruity in expression and concordance in pathogenic (pathological) meaning. Considering that the very object and purpose of the proposed method of critical analysis was to preserve all distinctive and peculiar symptoms, it seems quite strange that some, who have been considered men of judgment ripened by years of experience, should have taken so little pains to understand our perfectly straightforward proposition, and instead of joining with its well wishers, only show by their criticisms that they have never given any thought whatever to the subject.

It is truly encouraging to see young, fresh minds grasp a new principle and apply it with a will where conservative routinists halt, or where the shrewd, the wise, the wary seem to succeed in standing on both sides of the question.

CRITICAL ANALYSIS OF PODOPHYLLUM. BY A. PICK.

The accompanying chart of the "Critical Analysis of the Provings of Podophyllum," represents the results of twenty-three provings of this drug from seventeen different sources.

Before elucidating this chart, we think it desirable to pause a moment and inquire of the twenty-three authorities quoted by Allen, whence the symptoms they report came, what preparation, how much and how often it was taken. It will also be well to find out with what degree of accuracy the individual provings were conducted, and how far in general the obtained symptoms are reliable.

Taking the twenty-three authorities found in Allen, in connection with the reported provings of podophyllum, as so many provers, we shall attempt a brief pathogenetic analysis of the reference made in their records to different parts of the body. Of these provers, the following report having obtained symptoms of the

| | | | | |
|----------|-----------------------|----------------------------|-----------------------|-----------------|
| Head, 4 | Throat, 2 | Urinary Organs, 2 | Chest 2, | Extremities, 2 |
| Eye, 7 | Stomach, 8 | Sexual Organs, 4 | Heart and Pulse, 5 | Generalities, 4 |
| Nose, 2 | Abdomen, 10 | | | Skin, 4 |
| Face, 1 | Rectum and Anus, 2 | Respirato- ry Organs, 1 | Neck and Back, 1 | Sleep, 4 |
| Mouth, 3 | Stool, 8 | | | Fever, 8 |

It will be remembered, that the above is not a review of the number of symptoms obtained, but shows only the number of provers reported as affected.

Proceeding now from left to right in the order of arrangement (rf. accompanying chart) we begin with Dr. Snow's proving (1.), who took two grain pills of the extract of the leaves. We find no head symptoms recorded. The same is to be seen in the record of prover No. 2 (Merrel), who observed the effects while preparing the drug. The greatest number of head symptoms and also the most violent ones are stated by Dr. Williamson (3.), after having taken the 1st, 3rd, and 15th dilutions; but we are neither informed whether he took dilutions prepared on the dec. or centes. scale, nor whether he took a single drop of the 1st, 3rd, or 15th dilution, or larger doses; we are also left in doubt whether he took often repeated doses or a "single dose." The next prover, Jeanes (4.), reports some head symptoms; but no reference concerning the dose, dilution, repetition, etc. is given. This fact, of course, makes the reported symptoms much less satisfactory. Provers No. 5 and 6, (Ward and Husemann) obtained no head symptoms, (dose, dil., etc., not stated.) Owen (7., effects of eating the ripe fruit), registers no head symptoms. In the provings 8 to 16 inclusive (twelve provings by seven different persons), in which the crude drug, tincture, resin, etc., were taken, no head symptoms are given. Provings 9 and 10 should be excluded here, as the tincture was only applied to the skin. Hoyne, (17.) reports some head symptoms after a few drops of the tincture. No head symptoms are recorded in the provings 18 and 19, (Hutchinson). In proving 20 (H. Knapp), "headache and fever" are reported. But these two symptoms lose all reliability, when we learn, that they manifested themselves on the third and fourth days, after "*a number of antidotes*" had been taken. Neither the names nor the doses of the antidotes are mentioned, and thus we really remain in doubt, whether the drug or the antidotes caused the above quoted symptoms, and hence must exclude them.

As regards the congruity and concordance among the head symptoms, we have the following: vertigo, headache and dizziness. Comparison of potencies and doses is rendered very difficult, by the fact that some did not give the potency taken and others did not state the dose or doses. In future we shall not hesitate to disregard all provings made in this inaccurate manner.

Passing now over to the eye-symptoms we find that of seventeen different provers (twenty-three provings), seven provers report eye-symptoms. Provers Nos. 2, 8, 18 and 19 (effects observed while preparing the drug), quote inflammation. Owen (7.) is the only prover (effects of eating the ripe fruit, on two girls, aged six and eight) who cites, "eyes glazed and motionless" and "eyes sunken in their orbits," which are symptoms of

collapse, and not eye-symptoms proper. There is no congruity or concordance between the symptoms chronicled by Williamson (3.) with any represented by the other provers. He records, after having taken the 1st, 3rd, and 15th dilutions (doses not given), "pressing pains in the temples, in the forenoon, with drawing in the eyes, as if *strabismus* would follow"; he is further quoted "pain in the eyeballs and in temples, with heat and throbbing of the temporal arteries." These symptoms are of course very unreliable, as it is very doubtful whether such violent ones could follow the administration of the 15th or even 3rd and 1st dilutions, even in case of agreement with others.

"Nose" symptoms are recorded very scantily; only two provers observed such and these two disagree entirely.

Only one observer is credited with "Face" symptoms.

Under "Mouth" symptoms three provers are represented as having recorded such. The provers either disagree or record symptoms which are too general and insignificant; *e. g.* "the teeth are covered with dried mucus in the morning," "the taste of fried liver in the mouth at night" (after the 1st, 3rd and 15th dilutions.) "Tongue white" (fourth day; after a number of drugs — antidotes — had been taken, 20.) "everything tasted sweet" (20.); hence we must omit them.

"Throat" symptoms are only recorded by two provers (3. and 7.) Although they partially agree, the reported symptoms cannot be relied on, as no "throat symptoms" are given from the other twenty-one sources.

"Stomach" symptoms come from eight sources; seven of these chronicle "nausea;" "thirst" is claimed by two provers. "Vomiting of bile" is reported by two provers (7. and 20.) "Epigastrium and stomach tender and painful," is recorded by only two provers (7. and 17.) "Impaired appetite" is claimed by three provers. "Desire for something sour" was observed by one prover only (3), who apparently took the least medicine; again the same prover stands alone in recording "acidity in the afternoon, etc." "Had an empty feeling in the stomach before supper, but did not feel hungry," is recorded by one prover (17.) only. Many other symptoms are quoted under this heading, which are either of no pathological value or are entirely lacking in congruity and concordance.

"Abdominal" symptoms are quoted from ten sources. "Flatulence" is recorded from five sources. "Diarrhoea" is credited to three provers (3., 11A., 12A.) "Gripping pains" are chronicled by two provers. The other abdominal symptoms may be compared with ease by referring to the accompanying chart.

Symptoms of the "Rectum and Anus" are reported from

only two sources. They are so utterly incongruent, that the only thing which can be done with them is to discard them.

Under stool, eight sources claim "frequent evacuations from the bowels, of very thin or muco-gelatinous or thin greenish fæces; accompanied by griping, colicky or similar pains." "Heat and pain in anus" is stated by two provers (3. and 17.) The other reported symptoms are either unimportant or too infrequent.

The "Urinary" symptoms must be entirely excluded as only two provers quote such and the recorded symptoms disagree in every respect. In one case (20.) they are reported on the 4th, and 5th days after a number of drugs—antidotes—had been taken.

Symptoms of the "Sexual Organs" are chronicled by four. Prover No. 3 reports "symptoms of prolapsus uteri with pain in the sacrum, flatulence, infrequent, muco-gelatinous stools—three cases; showing that the cited symptoms were taken from clinical cases, which fact necessarily would lead to the cancellation of these symptoms. Prover No. 2 reports a number of symptoms which are not in the least approached by any other prover, therefore the same has to be done here. The symptoms reported by prover No. 20 are unreliable from the above stated reasons.

Symptoms of "The Respiratory Organs" are only reported from one source.

"Chest" symptoms are noted by two provers. Prover No. 3 quotes, "snapping in the right lung, like breaking a thread, when taking a deep inspiration." "Sensation in chest, as if the heart were ascending to the throat," etc., etc. It is, however, very strange, that the 1st, 3rd, and 15th dilutions should have produced such symptoms; other provers who took the tincture, extract, etc., do not report any "chest symptoms" except prover 17, which may be summed up in one word, *i. e.* "constriction."

Under "Heart and Pulse" we find that five provers report symptoms. The symptoms regarding the pulse are entirely lacking in "congruity or concordance." Prover No. 4 reports only clinical cases, which of course must be excluded. Prover No. 3 records "palpitation of the heart from *mental emotion* or from *exertion*." This last reported symptom was here undoubtedly caused by the *mental emotion* or from *exertion* and certainly did not depend on the taking of the 1st, 3rd or 15th dilution. "Slight palpitation" is reported by only one more prover. (17.) From twenty-one other sources nothing of the kind is reported.

Symptoms of the "Neck and Back" are represented by a long list by only one prove (3.)

Under "Extremities," we see again a long list of symptoms in

the proving 3, besides a few unreliable symptoms recorded by prover No. 20.

The symptoms quoted in Allen under "Generalities," come from four sources. Besides a scanty list of symptoms no acceptable congruency is present. The only apparently reliable symptom is "weakness and faintness accompanying the gastric and abdominal symptoms."

"Skin" symptoms are noted by four provers. "Itching; vesicant effect (pustules)" seem to be the only reliable symptoms.

Symptoms regarding "Sleep" are recorded by 4. Congruency is noteworthy in the following: "Sleepiness in the daytime," "unrefreshed by sleep on waking in the morning;" although it seems rather peculiar, that the four provers use the very same words in reporting the symptoms. They also reported them in the same place, which fact, in addition to the great congruency in the words, leads to the suspicion of having been copied.

"Fever symptoms" are recorded by eight provers. Prover No. 3, is so phantastical as to report "intermittent fever, quotidian, tertian and quartan" after having taken the 1st, 3rd, and 15th dilutions. If he is to be believed and really had intermittent fever, it was unquestionably not caused by the amount of the drug he had taken. The same prover records "perspiration of feet in the evening," a symptom too general and appearing too commonly to be ascribed to the action of the drug in question. Prover No. 15 reports "profuse sweating, so much so that it dropped off of the prover's finger-ends."

The symptoms "chilliness, feverishness, perspiration (cold perspiration)" *accompanying* the abdominal and especially "stool symptoms," offer more congruity.

The value of the individual provings may be easily estimated by referring to the accompanying chart and reading it from the left to the right and from above downward.

A comparison of the provings of the different preparations and doses would have brought out very interesting and instructive points, but it is made impossible by the incomplete records concerning these two factors.

SUMMARY.

The administration of safe and appreciable doses (tincture, extract, etc.) of the drug "podophyllum" produces in many, and in regard to certain symptoms, (to be found in italics), in the majority of cases, the following symptoms: Headache, (front-

al*) perhaps vertigo; (inflammation and turgescence of the eye*); nausea, (sometimes thirst*); vomiting (of bile*); tenderness and painfulness in the stomach and epigastrium; *flatulence*; *frequent evacuation* — (*diarrhœa*) — *from the bowels, of very thin, greenish fœces*, accompanied by griping or colicky pains; (in the morning*) weakness and faintness accompanying the gastric and abdominal symptoms; itching of the skin, slight vesicant effects; (pustules are formed, if tincture is applied to the skin*); *chilliness, feverishness, perspiration*, (cold perspiration*) *accompanying the stool symptoms*.

The foregoing symptom-list is not a space filling one, but is reliable, inasmuch as separated from all discordant elements. It is the result of a careful and thorough application of the scientific method of analyzing and studying our provings, as proposed by Dr. Conrad Wesselhoeft, applied and published with illustrative examples, elaborated by himself and Dr. J. P. Sutherland (cf N. E. M. G., December, 1888, and January 1889), which is and will have to be regarded as the "sifter out of the chaff" and as a main factor in establishing a scientific, and *reliable* "materia medica."

A. P.

* The symptoms found in parenthesis are not based on sufficient concordance and congruity in the records of the provings, but due allowance being made for idiosyncrasy, they are regarded as *possible symptoms*, and put in parenthesis.

CRITICAL ANALYSIS OF ARUM TRIPHYLLUM. BY F. H.

PRITCHARD, M.D.

The chart accompanying the critical analysis of the provings of arum triphyllum, represents the results of five provings, made by five different provings.

Before examining the chart let us see as to the provers, their methods of proving the drug, etc. Jeanes (1) leaves merely his name, no record of repetition nor strength of dose; Gramm took the third, tenth, and thirtieth dilution; Mr. H. the third dilution; Mrs. M. the third and thirtieth dilutions; all these recording nothing as to repetition. We ought to be grateful to them that they left us to guess the strength of the dose, for unfortunately that is often lacking. No distinction is made between symptoms from the third, tenth, or thirtieth, so a comparison between them cannot be made. Prover V. (myself) took five grs. of the freshly scraped nearly mature bulb, recently dug, every half-hour for two days, and then stopped the drug. I had already commenced with the tincture, taking a couple drachms in five gtt. doses, every half hour with no results (continued two days.) I

then obtained another specimen of tincture from a reliable pharmacist and took about a drachm, when unfortunately the cork came out of the bottle while carrying it in my pocket, and the remainder was lost. That which I had taken (25 gtts. ϕ) however, had no effect upon me; the tincture in fact was pleasant to take and had none of the acrid, biting qualities so well known to every one who has once bitten into an Indian turnip. None of the tinctures were acrid. This acrid principle cannot be transferred to alcohol, neither to either water nor olive oil, hence I cannot understand how the remedy can act when given in the form of a tincture devoid of this extremely volatile acrid principle. If cut open and exposed to the air, it soon is gone and a starchy bulb remains, which may be eaten like a cracker, and with as much taste about as some crackers; in fact the root of *arum maculatum* has been used in Europe in times of scarcity instead of bread. I made a trituration of a fresh bulb (1 drachm) with sugar of milk, keeping the same in a tightly corked bottle, and found it to be tasteless and about as active as corn starch, two days after. The drug was run up to the first decimal. The bulb triturated in glycerine, and preserved in this vehicle does not impart the volatile principle to the glycerine, but the glycerine only acts as a covering for the sediment which settles to the bottom, which sediment keeps some of its acidity (about one-quarter). Clipped close to the root when recently dug and sealed up with wax, I found the roots lost some of their moisture and formed an air-tight skin around themselves, thus preserving the acrid principle. Thatcher says they may be kept fresh a year if buried in sand (*Amer. Dispensatory* 1834). Hence I used the freshly dug bulb to prove the remedy. The other four provers made no record as to their tincture being fresh or not, from which the dilutions were made. I cannot say if the fluid extract is so made that the said principle is preserved.

Now as to symptoms and their comparison. The following number of symptoms was gotten under the following headings :

| | | | | |
|---------|------------|-------------------------|-------------------|----------|
| Mind, 3 | Face, 3 | Stool and Anus, 3 | Neck and Back, 3 | Fever, 2 |
| Head, 4 | Mouth, 5 | Urinary Organs, 2 | Ex. in General, 1 | |
| Eyes, 5 | Throat, 4 | Sexual Organs, 2 | Up. Extr. 2 | |
| Ears, 1 | Stomach, 3 | Respir't'y App'rat's, 3 | Low. Ex. 2 | |
| Nose, 3 | Abdomen, 3 | Chest, 3 | Sleep & Dreams, 2 | |

This is no review of symptoms as to number, merely showing how many provers were affected. Beginning now from left to right, we commence with Jeanes' proving (no notice as to dose), who reports under mind: "Forgetfulness." Prover No. 2 has a depressed condition (3d, 10th and 30th dil's.) I found upon the second day I felt depressed and irritable, with an empty feeling in the stomach, the food seeming to not fill me up after a meal, but to tumble into vacancy. Hence, from the congruence of two provers, (2 and 5), the mental conditions may be expressed as: "depressed and irritable."

The head-symptoms are quite congruent. Three report giddiness (1, 2 and 4), or dulness in one (3.) Heaviness and dulness of the head, with pressive pains; two have darting and tearing pains (3 and 4) in the head. I remained without headache. The eyes are also apparently affected by the active principle, for we find smarting of the eyes, tension in the lids; two having a heaviness of the lids, (3 and 4), and dimness of vision (1 and 4). I had profuse flow of tears from chewing a leaf which I had plucked from the plant in the woods.

But one prover (4) has burning and tearing pain in the ears, which seems to have been a mere localization of the peculiar pain and sensations of the remedy.

Three have nose-symptoms (2, 3 and 4) which are congruent, and represent: "a coryza, with a sore nose, upper lips corroded by the watery discharge, the nostrils obstructed, however; with sneezing." I triturated a drachm of crude, fresh and strong root, and held my face over the mortar, but I escaped unharmed. I must admit, however, that I am not very sensitive to drug action, at least some drugs.

There are transient flushes of heat in the face, and the lips are chapped, sore, and feel first prickling, and then sore and finally scraped or scalded (3 provers). The mouth, throat and fauces symptoms are congruent, they being especially the places where the acrid constituent comes into contact with the system.

The appetite of two was lessened, (2 and 5), No. 3 had thirst the eighth day, but no one knows if the remedy was taken eight days, and whether to ascribe this action to the remedy or any other influence. In the abdomen the symptoms are unimportant, merely an indefinite, grumbling bellyache. Two have urging to stool (2 and 3). The stool varies from dark brown in color to mustard color. Three have watery stools (2, 3 and 4), two with tenesmus (3 and 4). My large doses constipated me.

Two provers obtained "profuse urination" (3 and 4). The ovaries of one prover and the testicles of another apparently suffered from sudden cutting or tearing pain (3 and 4). Prover

(3) had a hoarse voice, which stands alone. No. 2 has internal swelling of the trachea, while No. 4 has coughing, and expectoration of much mucus. The old school reckons it among their acrid diaphoretics and expectorants, and recommends it in asthma, pertussis and catarrh. (American Dispensatory. 1834).

Two have soreness of the lungs (3 and 4). One prover obtained heaviness in all the limbs, especially lower extremities, which stands unsupported (3). The remaining symptoms are few and far between.

Resumé.

Mind.—Depressed and irritable.

Head.—Giddiness, heaviness and dulness of the head, with pressive pains, or darting, tearing pains.

Eyes.—Smarting of the eyes, tension and heaviness of the lids, with dimness of vision.

Nose.—Coryza, with a sore nose, upper lip corroded by the watery discharge, the nostrils obstructed, however; with sneezing.

Face.—Transient flushes of heat, lips chapped, sore, and feel first prickling, then sore, and finally scraped or scalded.

Mouth.—Mouth, including surface of tongue, inside of lips, fauces and palate—prickling, sore, and then scraped, scalded and sore, with burning in mouth, vessels even injected, lips feel chapped and rough inside.

Throat.—Sore, scalded and burning, with a feeling of constriction and pain in the throat; mucus tough and increased; difficult deglutition; oesophagus sore and scalded.

Stomach.—Appetite reduced or gone; constriction in stomach.

Abdomen.—Indefinite, grumbling bellyache.

Stool and Anus.—Diarrhœa; stool soft to diarrhœa; color, various.

Urinary Organs.—Increased urination.

Sexual Organs.—Cutting pains in testes or ovaries.

Respiratory Apparatus.—Irritation.

Chest.—Soreness of lungs.

Lower Extremities.—Pains in them.

Sleep and Dreams.—Sleepiness and yawning, especially in evening.

Fever.—Transient flushes of heat.

These symptoms are the ones selected as reliable, basing the comparisons upon the "chart method" of Prof. C. Wesselhœft, and comparing them with my own results in the proving (No. 5).

It has been suggested that telephones be attached to infectious hospital wards, so as to enable the sick people isolated in their contagious sufferings to have the comfort of hearing their relatives' voices, without any risk of conveying infection by an interview.—*New Remedies.*

SCABIES.

BY JOHN L. COFFIN, M.D., BOSTON.

[Read before the Hughes Medical Club.]

The *acarus scabiei*, or rather the disease scabies, which we now recognize solely as the result of this living mite, can boast an ancestry which in point of antiquity at least, might arouse the envy and greenest jealousy of the mightiest of McAllister's redoubtable "four hundred." According to Hebra's ideas, many of the host which are recorded as being afflicted with leprosy among the ancient Israelites, really suffered from either syphilis or scabies, and notably the latter. He brings forward as reasons for this opinion, the facts of the incurable and inherited tendencies of true leprosy, which coupled with the intermarrying of the Jews, would have exterminated the race long ere the time in which he wrote; again from the laws for personal cleanliness laid down by Moses, and by the instructions to wash in the waters of Jordan and be made clean. Jordan's waters, containing sulphur, might exert therefore some beneficial action on scabies, which it could hardly do on the leper.

Aristotle mentions the term "*akapi*", and classes them as a kind of lice which live in small vesicles—though no connection is made between this little animal and scabies—in fact from earliest times up to a very recent period, this term was used to designate any vesicular, pustular, itching disease, and was supposed to be due to some altered or degenerate state of the blood or secretions. Near the middle of the seventeenth century, about 1638, in a work published by an unknown author, the *acarus* is recognized for the first time as the *cause* of this disease, but the unknown author is also "alone in his glory," as his contemporaries considered its presence as merely accidental. In 1689, Bonomo, an Italian physician, together with Cestonia, an apothecary of Leghorn, in a letter published an account and not bad description of the *acarus*, and recognizing it as a cause of the disease, in opposition to former theories, claimed its cure only on the destruction of the animal, together with its eggs and young.

Ephraim was, however, wedded to his idols, and notwithstanding the writings of the above authors, scabies was still supposed to be due to "acids" and "juices" in the blood, to drinking too much "birch-juice," to an "*acrimonia sanguinis*," to living in a damp house, to uncleanness and neglect, whence a simple eruption becomes pustular and breeds the mite; those accepting the existence of a living animal in connection with the disease, believing it to be an accident, or concomitant, a result rather than a cause.

Rewards and prizes were offered to the successful hunter after the itch-mite, until in 1834, a Corsican, taught by some old woman in his native land, instructed the great medical savants of Paris how to catch the beast. In 1846 Eichstedt gave the first exact description of the home and habits of this remarkable little animal. Many works have since been written on this interesting subject, but even as late as 1863 were found men prominent in letters and medicine, who did not accept the "acarus" as the sole cause of scabies. Whether there may be those in our own school today who still hold the opinions attributed to their grand-parents, I can not say. Let us charitably hope not.

I should define scabies as an inflammatory, polymorphous, itching eruption, caused primarily by the presence within the skin of the *acarus scabiei*, or itchmite, and secondarily by scratching on the part of the person affected. The acari present different appearances, according as they are male, female, or the young. The female being the most important, I will first describe, quoting as follows from the late work of Dr. McCall Anderson, of Glasgow: "The female *acarus* is from one-seventh to one-fourth of a line in length, and from one-tenth to one-sixth in breadth. It is almost egg-shaped, being broader anteriorly than posteriorly. Its head projects considerably beyond the body, its edge being rounded and with a central fissure corresponding to the mouth, which is provided with mandibles, on each side of which are several hairs. The body is marked by numerous nearly parallel lines, and the dorsal surface, which is convex, is provided with numerous little angular spines, as well as little rounded tubercles, from each of which springs a small conical spine. Two hairs project from each side of the body, and four posteriorly. It has eight legs, four being situated posteriorly, and four anteriorly, there being two on each side of and close to the head; from the extremity of each posterior leg projects a long curved hair, while the four anterior legs are provided with stalked suckers, and with several small hairs springing from the root of each sucker."

The male *acarus* differs from the above in being smaller, having less number of spines on the back, and in having one pair of posterior legs provided with suckers. The young *acarus* are smaller than the male and have only two hind legs.

The male *acarus* does but little damage, and lives upon the surface of the skin, or beneath the superficial epidermal scales, and sometimes in old cases beneath a crust. The female is the mischief maker and acts as follows: Upon being impregnated it seeks a suitable spot, and by supporting itself on its posterior extremities, with its head at nearly right angles to the body, it

begins to burrow beneath the surface with the deeper portions of the epidermis ; when it gets beneath the surface it lays an egg ; this done it burrows a little further and lays another, and so on until a little obliquely downward directed furrow, known as a canaliculus, from half a line to three lines or more in length, is formed within the skin. Owing to the spines on the back of the acarus, she is unable to retreat from her domicile, and after laying her complement of eggs, she reaches the end of the furrow and dies. The life of a mite, according to Hebra, is from one to two months, the time necessary for the eggs to hatch from five to fourteen days, probably nearer the fourteen. As the young hatch they may burrow more deeply into the skin, increasing the irritation, or coming to the surface, become impregnated, and in turn make their debut and their exit. The appearance of a canaliculus, is a fine, slightly colored, curved line upon the surface of the skin, presenting at one end a fine pin-head vesicle, the point of entrance, and at the other a hardly to be discerned pearly white speck, the female acarus. Under the microscope are seen the eggs or egg-shells, with minute black specks between, which have been supposed at different times to be dirt, or small holes for breathing spaces, through which also the young acari could make their exit. It is now generally acceded that these black specks are the excrement of the female. The parasite prefers and seeks out special parts of the body for its habitation, notably those parts where the skin is thin, such as the intradigital spaces, anterior aspect of bends of the elbow, axillas, etc. It also craves warmth, and does not develop readily without it. Upon a cold glass slide, according to Anderson, it is motionless, but on warming the slide it will begin to move ; on this account the patient afflicted with this pest is much more uncomfortable when warm.

The symptoms arising in the patient next claim our attention. Two things are present, an eruption and the subjective symptom of more or less intense itching. The eruption, at the time the patient presents himself for examination at least, is a polymorphous one. Although the characteristic lesion is the canaliculus, that in its perfection is not frequently seen, and we have to do with vesicles, pustules, crusts, blood-crusts, and in some cases glandular enlargement, generally slight ; the location of the lesions are peculiar and especially worthy of notice, as a correct diagnosis is often substantiated by it. The spaces between the fingers, the anterior surfaces of the wrist and elbow, the axillæ, the genital region and inner surfaces of the thighs in men, about the breasts and intermammary region in women, about the ankles in children, and about the nates and body of infants, upon those portions of the body subjected to pressure by the

clothing, as under the skirt-bands in women, and the belly-bands in children. In long-standing cases, lesions may be found covering the whole body, but even then they will be more abundant in the above locations. The face and head are rarely affected. Now these various lesions are not by any means the immediate result of the itch-mite. The presence of the parasite causes itching, not only at the point of its habitation, but elsewhere on the body, by reflex irritation. Scratching ensues as a natural result and from this scratching on the part of the patient, not only is the irritation increased to the point of producing inflammatory lesions, but the parasite itself is no doubt conveyed to different portions of the body, there to serve as new foci for the further extension of the disease.

The amount of inflammation consequent on the scratching is sometimes sufficient to produce many pustular lesions, which become covered with crusts, resembling an impetigo or impetiginous eczema. In severe cases the epitrochlear, cervical, or inguinal glands may be enlarged.

The amount of itching is variable in different cases but is always present and increased by warmth, for this reason the itching is invariably worse at night.

The diagnosis of scabies is to be based on the multiform character of the lesions, their location especially as given above, the differences in the sexes being quite marked in this respect — on the presence of the canaliculus, which is especially to be sought in the regions most recently affected, and of course on the presence of the itch-mite. Many of the books state that it is usually easy, with a little dexterity to capture the parasite and thus render certain your diagnosis, and I find a prevailing opinion among our professional brethren to that effect, from the fact that undoubted cases of scabies have been sent to me for diagnosis, where this disease had been discarded because the mite had not been found upon microscopical examination of the lesions and contents. It is my belief that, in the condition most cases are when they present themselves for treatment, it is not an easy matter to discover a typical burrow or find the acarus, and the absence of one or both of these should not lead one to say absolutely that scabies does not exist. The reason why it is not easy to find either of the above is, because by scratching, the burrows have been broken up and the acari dislodged. If at all, the female is to be found only in recent lesions. The crusts may in doubtful cases, decide by strict examination as follows: "A piece of crust is to be boiled in a solution of caustic soda (3i to ʒi) until dissolved, then allowed to settle, the microscopical examination of the deposit may then show, male and young acari, eggs, eggshells, etc."

Another popular fallacy is that the disease always begins or is present in the interdigital spaces. This is not so, although the most common location; it may begin in any portion of the body where the skin is thin, and my own observation has been that many cases show the first lesions in the bend of the wrists. It is of course, like all the parasitic diseases, eminently contagious though not so easily contracted as many think. Warmth is almost necessary for the transmission and subsequent vitality of the parasite and at an ordinary temperature of a room, the disease may be handled sufficiently for all purposes of examination with impunity. It is probably most often and easily contracted by occupying the same bed with one affected, or by sleeping in a bed previously occupied by such a person.

The treatment consists in the application, first, of something to kill the parasite, and second, something to soothe and allay the irritable and inflamed condition of the skin which has been caused, although often this latter quickly subsides when the former result is attained and the prolific cause removed.

In the application of any parasiticide two things are indispensable to success. 1st, a hot bath combined with a good scrubbing with soap. 2nd, the thorough application of parasiticide to the whole body except the head. Unguents are to be preferred to lotions as thereby the parasiticide is kept in contact for a longer time with the acarus. Of all the parasiticides sulphur is the most widely known in this disease, and is thoroughly effectual. It may be applied by dusting the powder, as when patients are made to lie between blankets dusted with sulphur; or by lotion or by ointment, the strength of which may be varied to suit the individual case. To some skins sulphur itself is very irritating, and when applied for the relief of the scabies, may kill the parasite, but leave a more or less intractable dermatitis. For this reason many discard it altogether. McCall Anderson much prefers liquid styrax, ℥i to ℥ii of lard, or another formula, styrax liquidi ℥i , spir. rect. ℥ii , ol. oliv. ℥i . Hebra used largely a modified form of Wilkinson ointment, the formula for which is,

| | | |
|------------------|-----------|----------------|
| Sulphur præcip. | | |
| Picis liquida | aa | ℥vi . |
| Saponis viridis. | | |
| Adipis | aa | lb.i. |
| Cretae | | ℥iv . |
| Kaposi prefers | Naphthol | 15 parts. |
| | Soft soap | 50 " |
| | Lard | 100 " |

The celebrated Vlemincks lotion is

| | |
|----------------|------------------|
| Calcis | ℥ss . |
| Sulphur præcip | ℥i . |
| Aq. distil | ℥viii . |

Boil and stir till mixture is homogeneous then strain through a sieve.

Other substances which are more or less used are staphisagria, hellebore, carbolic acid, and petroleum.

In my own cases I have confined myself to the use of sulphur ointment in various strengths, from $\frac{3i}{\text{of sulphur}}$ to the $\frac{3}{\text{of base}}$, up to the full strength of the official ointment and never have seen any unpleasant results. The little irritation following in a few cases subsiding, so far as I know, under a few days use of a simple dusting powder. My instructions to the patient are as follows: On the first night before going to bed, he is to take a bath in a tub of hot water for twenty minutes, during a part of which time he is to scrub himself thoroughly and quickly, then anoint himself all over, except the head, with the ointment, *rubbing it well in*; this done, he will put on a full suit of underclothing including stockings, and if the hands are badly involved white cotton gloves; these are to be worn *continuously* until the next night, when they are to be removed, the body thoroughly anointed as before, *omitting any bath*, the same underclothing again donned and worn *continuously* until the third night, when the same process of anointing *without the bath* is to be done and some clothing resumed. On the fourth night the clothing is to be removed, plunged immediately into *boiling* water, and the patient is to take a warm bath in which may be dissolved a little bran or bicarbonate of soda. After a thorough bath he should dry himself perfectly and dust the whole surface with corn starch. This generally is sufficient to cure the disease, and it is rarely necessary to repeat the performance unless a second infection occurs.

I have said nothing about the internal exhibition of drugs in this complaint, because I consider them useless and unnecessary.

"Young men and women," some practical old physician will say some day, in addressing a graduating class in medicine, "you are about to go out into the world as doctors, to extract a living from its inhabitants. Most of you are young men, and I take it for granted that you are gentlemen, although I don't know such to be the case. A few of you are young women, and I take it equally for granted that you are ladies, though for purposes of scientific demonstration my opinion on this subject could not be taken as conclusive. But I trust you may be mercifully spared from the folly of ever speaking of yourselves as lady doctors or gentlemen doctors. The one title is as appropriate as the other. Let the scrubladies, the washladies, the chamberladies, the salesladies, and the foreladies continue to monopolize the professional use of the word lady. Never let me hear of a lady doctor. The term is ridiculous. If I had a daughter who called herself a lady doctor I should try to marry her to some gentleman preacher, and then I would have them both put in a glass case, and kept on exhibition as a warning to mankind. If it becomes actually necessary to designate your sex in speaking of you as physicians, you are male doctors and female doctors, or doctors and doctresses, if you prefer. The Lord created you male and female. Remember that. It is not a reproach to you, or he would not have done it. A medical college can only make you doctors. It can't make you lady and gentlemen doctors, the Lord be thanked." — *Medical Register*.

A STUDY OF BAPTISIA TINCTORIA, WITH PROVINGS.*

BY J. P. SUTHERLAND, M.D., BOSTON.

In the well-known words of the great founder of our school, "The physician's highest and only calling is to restore health to the sick, which is called healing. The highest aim of healing is the speedy, gentle and permanent restitution of health, or alleviation and obliteration of disease in its entire extent, in the shortest, most reliable, and safest manner, according to clearly intelligible reasons. The physician should clearly comprehend what is curative in drugs in general, and in each drug in particular; that is, *he should possess a perfect knowledge of medicinal powers.*"

In order to obtain "a perfect knowledge of medicinal powers," the practice of proving drugs upon the healthy organism was instituted by Hahnemann, and full directions were given by him for applying this test. (*Organon* §§ 120-142.) It is this system of drug proving, of ascertaining by experiment the power each drug possesses of altering human health, that is one of the distinctive features of homœopathy, and the reform it has brought about in medical practice generally, is too well known to need any comment in the present paper.

A true materia medica should consist of a record . . . "a collection of genuine, pure and undeceptive effects of simple drugs . . . Every supposition, every mere assertion" must be excluded; there should be no room for opinions, for fancies, for traditions or superstitions; "its entire contents should be the pure language of nature, uttered in response to careful and faithful inquiry." Materia medica and therapeutics will occupy a position among the exact sciences only when the pathogeneses of medicinal substances are indisputably revealed. The prover of drugs therefore, should aim above all else, at entire accuracy; should endeavor to ascertain positive facts, and desire only the truth concerning the drug he is testing, regardless of the theories about it, maintained by others. Enthusiasm should stimulate to investigation, but should not get the better of the prover's discretion, nor help to give his imagination voice in the council where the testimony of sober fact should alone be received.

The tendency of late years has been to increase the number of substances used medicinally, to invent some new use for an old article, to discover some powerful remedial agent, to introduce some new remedy; a very commendable tendency, but one

*The above paper was written in 1882. It has never hitherto been published, and is offered to the profession, now, as being in the line of the lately awakened enthusiasm on the subject of the revision of the materia medica.

which has led to the accumulation of a vast amount of comparatively useless material. Our object for the present should be, not so much to increase the *number* of medicinal agents as to increase our *knowledge* of those we already possess ; to discard those of doubtful efficacy, of weak and insignificant powers ; to retain and cherish those faithful and trustworthy remedial agents, that have repeatedly and indisputably revealed their power of altering health, and their ability when properly used to restore health in a gentle and satisfactory manner. Intelligent and faithful re-proving of drugs is needed before our materia medica can occupy the definite position in medical science its importance demands, or command the respect due all scientific facts. And although in our endeavor to build up such a materia medica our work at first may seem to be that of the destroyer, it will be so in seeming only, for the 'fittest will survive.' We might well adopt for a motto, "*Prove all things, hold fast that which is good!*"

In regard to baptisia it is not intended in this paper to present a thoroughly exhaustive treatise, nor to review all that has ever been written on it, but your attention is asked to a few glimpses into its history, to a few critical remarks upon it, and to a summary of a few recent provings.

In "Howard's Botanic Medicine, 1836," baptisia is highly recommended to prevent mortification ; but warning is given against too large a dose, as likely to prove both emetic and cathartic. The dose recommended is two or three tablespoonfuls every five or six hours, of a decoction of one half ounce of the root to one pint of boiling water.

In the National Dispensatory by Stillé and Maisch of twenty years ago, we find the following : "Nothing has recently been added to the knowledge possessed many years ago, respecting this medicinal plant. Its young shoots, like that of *phytolacca*, have been eaten in the same manner as asparagus. When more mature the stalks and roots are violently emetic and cathartic, especially when fresh. A decoction of the bark has like effects. It would seem however, to be possessed of stimulant powers, since it has been held in great repute as a remedy in scarlatina, typhus and epidemic dysentery, and as a topical application in aphthæ, mercurial sore mouth and various ulcers, especially those affected with gangrene. Dose, a tablespoonful of a decoction, ʒj root to Oj aq. bulli."

Wood and Bache in the United States Dispensatory, add nothing to the above.

From the above sources we learn that in tablespoonful doses of a decoction it will prove emetic and cathartic, that is all. Further than this we find it referred to in such phrases as, "it

has been recommended" in this, or "it is considered useful" in that; mere opinions, of almost no value to us.

Baptisia is not mentioned in Taylor's "Treatise on Poisons." It appears to have fallen into disuse in the dominant school, if indeed it was ever regarded as of therapeutic value, as it is not spoken of (or referred to) by Phillips, Ringer, Woods or Bartholow.

I think baptisia was first brought to the notice of homœopaths (though on this point I cannot speak positively) by Dr. E. M. Hale. At all events, we find it has received extensive notice in the second edition of his "New Remedies." The last mentioned author quotes at some length from King. He says, "without any clear idea of its physiological action, they (eclectics) assert it to be 'anti-septic, astringent, emetic, cathartic and alterative.' Not a few of that school consider it a febrifuge, etc." He also says, "I have used it for many years in chronic mercurial sore mouth; next to chlorate of potash it is the best remedy we have to remove and palliate that disagreeable condition, (loose gums, flabby, dark red or purple gums, intolerably fœtid breath.) It is indicated in stomatitis materna, cancrum oris, and nearly all diseases of the mouth and tongue, characterized by ulceration, putrescency, etc. But in all these diseases, it should be used topically as well as internally." Baptisia, by this same author, is spoken of as "the *king* of all remedies for enteric or typhoid fevers. No remedy (he says) can supplant it in the first stages." It is also recommended for "excitement of the brain, especially at night, with febricula." "No remedy," we read, "equals baptisia in the fever of diphtheria." Dr. Burt commends its use in "dysentery, marked by scanty stools of blood and mucus, with severe tenesmus and low fever." Cowperthwaite recommends it for typhoid fevers, especially the first stage. "It was first used empirically in typhoid and typhus fever," he says. We quote Dr. Hughes. "Baptisia is capable of exciting true primary pyrexia in the human subject. This is no slight thing, for there are very few other drugs to which we can ascribe such power. And this pyrexia, in the case of baptisia, is exceedingly like that of the early period of typhoid. The soft and full, yet quickened pulse, the headache and tendency to delirium, the soreness all over and intolerance of pressure when lying, are marked symptoms of this stage of the disease. It is claimed by some, that baptisia is the aconite of the fever, and the camphor of the enteric flux of typhoid," that is that it has the power of materially shortening the course of, if not actually aborting typhoid fevers. It is to be remarked that Dr. Hughes also says, "further and more precise experiments, both pathogenetic and therapeutic, are necessary to substanti-

ate" this claim; and again, "subsequent observation, however, has forced upon me the conviction that the fever which baptisia aborts, is not true typhoid. When the real disease appears, either sporadically or epidemically, it runs its typical course in spite of this or any other remedy."

These are rather important claims to make for any remedy. Many serious, alarming and often fatal disorders are mentioned as being more or less under the control of this drug. If these claims can be supported, if they can be corroborated by provings on the healthy, then should baptisia be ranked among our most important and useful remedies. But let us apply the decisive test; let us see what so potent a drug is capable of doing to the healthy human organism, and by so doing complete the circuit, of which the clinical records and claims form so large a portion. The assertion of its homœopathicity to low, typhoid conditions, to fever, delirium, etc., must have for a foundation the fact of its ability to produce during health, a condition similar, or approaching similarity, to the disorders mentioned. And among the first questions to be asked in this connection are, has it ever been known to injure anyone when taken accidentally or otherwise; do we find it ever producing poisonous effects; are there any virulent effects attributed to it that would suggest to one's mind conditions resembling those already referred to; was it the known effects of the drug on the healthy that caused its introduction to physicians and induced them to use it in these diseases; or does it come from the domain of tradition, of empiricism?

These questions are sufficiently answered by the history as already given. It is not known as a poison; there are no records to such an effect, and it seems to hold no place outside of the homœopathic materia medica. However, the drug has been proved. Let us see how far the provings support these claims.

We find in Allen's Encyclopædia records of provings by twelve persons, most of them physicians, presenting 367 or 368 symptoms, produced by doses varying from an unknown quantity of the first decimal dilution to large doses of the tincture. Fully one-half of the symptoms are from doses of one to three drops of the tincture. We will examine these provings with particular reference to its power of aborting, or its ability to produce any kind of a fever.

Turning to the records, we find under the head of *fever*, slight chills or chilliness obtained by four provers, and sensations of heat, especially in the face, flushed face, etc., in four or five others. It is to be remarked as significant in this connection, that chills do not necessarily indicate the presence of febrile action. In the majority of instances where they are the precur-

sors of fever, the temperature of the body, as shown by the clinical thermometer is elevated. Sensations of heat, and flushed face also (so much dwelt on) if caused by febrile action are effects of the fever, which if sufficient to cause such conditions should show itself in rise of temperature. The important connecting-link, which might have been established by the use of the thermometer, we find in no recorded proving; and this being absent, are we justified in believing that these symptoms prove the presence of fever?

Under "heart and pulse," we find one symptom of value, because it is the statement of a fact; viz. "pulse 70, rising about 2 o'clock P. M. to 100." But in this proving unfortunately, as in the preceding ones, we have no knowledge of the temperature. In two or three cases the pulse was observed to be "slow and weak." There is, however, one symptom to which I wish to call your attention. Prover No. 2 says, "the pulse (usually but little over 70) I judged to be 90 or over, full and soft." The record of this prover has been copied again and again, and parts of it may be found in nearly all of our standard works, and it forms the foundation, as far as provings are concerned, on which is based the claim of the similarity between the supposed effects of this drug and typhoid fever; and yet, you will see from his own words, he merely *judged* "the pulse to be 90 or over, full and soft." Wherever these provings have been copied, it is stated as a *fact* that the pulse rose to "90 or over, was full and soft," that inconvenient word *judged* being omitted. I hold that this expression is quite enough to cast suspicion on his proving. If he put a finger on an artery in order to feel the pulse, it is quite inexcusable for him to have *estimated* instead of *counting*, and if he did not feel the pulse the symptom is absolutely worthless. The temperature is not directly referred to, and we know nothing about it. The doses he took were three and four drops of the tincture.

These few isolated and inaccurate symptoms then, are sufficient to support the claim that baptisia is able to produce true primary pyrexia? For we find no others. The symptoms under the section for the "mind," are chiefly from the prover who makes a guess, when mathematical accuracy was not only necessary, but easily obtainable. Some of his symptoms are certainly characteristic enough, but probably more so of the individual than of the drug. There was produced, he writes, after a dose of four drops of the tincture, "a peculiar feeling of the head, which is never felt except during the presence of fever, a sort of excitement of the brain, which is the preliminary to, or rather the beginning of delirium, which with me never fails to

occur, if fever continues and increases to any considerable intensity." So much for the delirium.

Most of the symptoms of the abdominal viscera are from Dr. Burt, who took some large doses. The symptoms are pain, slight, constant, drawing, dull, aching and burning in character, with pressure and distress in stomach, bowels and region of the liver and gall-bladder. Distention, rumbling, flatulence and soreness are mentioned by two or three provers. These troubles were generally aggravated by pressure or from motion, but are not especially located or characteristic. The stools were loose, diarrhœic in four, and the bowels were constipated in four other provers.

The head symptoms (which I think I can corroborate) are principally of a dull, full, heavy, slightly pressive character, and the forehead and temporal regions seem the affected locations. The pains are made worse by motion.

The "sleep" seems to have been restless and disturbed by dreams. The only other symptoms on which the provings approach unanimity are lameness, stiffness, or soreness of muscular tissue in various parts of the body.

Must we not all agree that without the aid of the imagination, it would seem impossible to construct from these provings a similitum to typhoid fever, or indeed, to fever of any sort, sufficiently marked to justify our use of it in diseases whose fatal consequences our skill is so often unable to avert? We must remember, too, that some large doses were taken, large enough certainly to produce some unmistakably febrile symptoms, if to do so were within the power of the drug. For instance, Dr. Burt after taking it in increasing doses for three days, took in all on the fourth day, 250 drops of the tincture; on the fifth day, 326 drops, besides 10 drops subcutaneously; on the sixth day, 350 drops, and chewed 30 grains of the root; on the seventh day he took 95 grains of baptisin. In three days he took 926 drops, chewed 30 grains of the root, and had 10 drops by subcutaneous injection, and finally took 95 grains of baptisin. The effects have already been referred to; abdominal pain and distress, headache, sore mouth, coated tongue, etc. His sleep was restless, but he does not speak of a condition approaching or resembling delirium. He does not speak of fever, and surely we have no right to infer that any febrile condition existed.

When I first read the account of the proving of baptisia a few years ago, as given in Hughes' Pharmacodynamics, I was inspired with a respectful awe of the drug, which remained so firmly rooted that I dared not take over three drops of the tinc-

ture for my first dose. That I did while in good health on Nov. 18, 1881, but *no effect* was observed.

Nov. 19, 1881, took five drops, likewise *no effect*.

" 20, " " eight " " "

" 21, " " twelve " " "

" 22. Have had a frontal headache since leaving the dispensary; the room was warm and atmosphere was contaminated by patients; ate a good dinner and headache disappeared shortly after; took twenty drops, without effect.

Nov. 24th, (4.30 o'clock P.M.), took thirty drops. Tendency to pressure in frontal and temporal regions, especially during and for a short time after moving about, noticed during the evening.

One week later. Nothing noticed during the week. Dec. 1, 1881, 11 A. M., took forty drops. Same sort of fulness in head three hours after taking the dose. Headache went away and about 4.20 P.M. took thirteen drops more, but nothing followed.

On Jan. 16, 1882, (waited awhile to see if any remote symptoms would appear, but none such made their appearance,) at 4.15 P. M. took 150 drops of clear tincture. It left after swallowing, a hot disagreeable sensation in fauces and throat, causing the secretion of thick saliva with desire to swallow.

At 8 o'clock P. M., took 100 drops more, in a little water. Felt a little sensitive to cold air, but that was not long lasting, nor very uncomfortable. (At 11.20 P. M. pulse was 64.)

Jan. 17th. Was conscious of discomfort in left frontal region when I first awoke, but it had disappeared one-half hour later, when I got up.

Jan. 18th. Bowels have been normal until to-day. No drug taken since the sixteenth. About 9 o'clock A. M., had an abundant unformed movement accompanied by some tenesmus; tendency to looseness but nothing except fæcal matter. During the day noticed a lameness and soreness in right lumbar muscles, especially when bending forwards. About 3 o'clock P. M., in response to a slight desire, had an extremely small movement from the bowels, consisting of not over a teaspoonful of tenacious blood-streaked mucus. No fæcal matter.

Certainly nothing of great value has thus far been revealed. The lameness I thought was due to unusual muscular exercise on the preceding day. The mucous discharge I could not account for; so being still very much in doubt about the pathogenetic power of baptisia, and unwilling to lose confidence in our abundant clinical records, on Thursday, Jan. 26, 1882, about 11 o'clock A. M. took 350 drops (measured scarcely in excess of 3iv.). For a short time after swallowing it, though it was taken in a little water, the throat in the region of the larynx, was irri-

tated, roughened as if scraped — maximum pulse about 8 P. M., 92; temperature 99.5°.

The next day, Jan. 27th had occasion to remain in a stooping position a minute or more this forenoon, and on rising noticed a decided vertigo. It lasted probably a few seconds only, though it seemed longer.

Took pulse and temperature frequently during the few days following, but noticed no change. Bowels and back remained all right.

Once more I tried it :

Feb. 6, 1882, 1 o'clock P.M., took 400 drops. Felt slightly giddy for half an hour or so—(from the alcohol?).

Unfortunately, I was very busy most of the time until after midnight, so could not take my pulse and temperature as often as I wanted to; but pulse did not go above 84, (counted it four different times), nor the temperature above 99.25°.

Will simply say that no pains, no chills, no discomfort have been noticed since taking the last dose. Bowels have been unaffected. Urine, sleep, appetite, etc., unaltered.

I may not have sufficiently demonstrated it, but it seems as if one thing was certain. We must know more about this drug before we consider it the "king of all remedies" for anything.

The doses taken were dropped from the cork of an ounce vial. The sub-lingual temperature was always taken. The extremes which my pulse and temperature have reached within the last three months, have been 56 one morning before getting up, for the pulse, the temperature being 97.5, (generally 60-64 and 97.75° at that time), the maximum being usually about 7 or 8 o'clock P.M., when pulse is from 82 to 94, and temperature is usually 99.25°, sometimes 99.5°.

These extremes are quite within the bounds of health, of normal physiological processes, and it is always well to know and remember what the normal is when we are trying to find out the abnormal.

I will offer a few provings made by others :

G. H. T.—Dec. 6-7-8, took 3-5-8 drops; no symptoms.

Took on Dec. 22d, — 23d, — 24th, — 25th, — 26th,

10, 17, 18, 10, 25, drops,

when he had slight frontal headache, which was worse in a warm room, better in cold air and on motion.

Took on Dec. 28th,—29th,—30th,—31st,

10 20 10 15 drops.

On the 30th, he had a very slight frontal headache at about

11 o'clock A.M., lasting until after he had eaten dinner at 1 o'clock. A hungry headache it seemed to him.

With the exception of headache he reported "no symptoms." Pulse, temperature and respiration normal.

Miss A. E. C. :

Nov. 23d, 3 drops.

" 25th, 5 "

Dec. 4th, 5 " Pulse 96, temperature 99.2° maximum.

" 5th, 8 " " 90, " 98.6° "

" 6th, 12 " " 90, " 99.0° "

Symptoms were slight rheumatic pains in extremities, slight frontal headache several times, on waking, passing off after getting up, and dryness of pharynx and soreness of fauces lasting the greater part of the time while proving. Maximum temperature, 99.2, about 5 P.M. Maximum pulse, 96; average 84.

S. H. S.—Dec. 2d to 8th :

Took 3 and 5 drops—without effect.

Feb. 4th, took 8 drops—flushed face, pulse 69, temperature 98½°.

Feb. 6th, took 28 drops at 3 P.M. In course of the following hour, cheeks felt hot and had feeling of pressure in epigastric region. Pulse 72, temperature 98½°.

W. H. S.—Medicine in this instance seems to have behaved in a most eccentric manner, doses of 3 drops sending temperature up to 100; doses of 8 drops doing same thing one day and not again, and so on up to 18 or 20 drops.

Tried to obtain a reprovng but could not.

It is only when a substance has repeatedly shown by accidental or criminal poisonings, or by provings and reprovings, its power of causing a diseased condition similar to that which it is claimed to be capable of curing, that that substance becomes a reliable remedial agent. It is then removed from the domain of one-sided facts, as we are justified in calling those founded on experience only, and becomes forever after a unit, a complete fact, and a corroboration of the therapeutic law of similars.

Reasoning from the recorded clinical effects, (which we have been obliged on account of limited time to omit), baptisia is worthy careful and faithful reprovng. And I hear it said in this connection, "but you are not sensitive to the drug, you are not susceptible to its action; your proving is therefore of little value." Very well! Granted. But is this any argument for baptisia as a curative agent? If we admit that there are people whom it has no power to affect, how can we tell when called to

the bedside of a patient if that patient be one of those susceptible to the drug or no? This it is manifestly impossible for us to know.

Would it not then seem wise, especially in such serious cases, only to use those agents which are known to be capable of affecting all people, regardless of special sensitiveness? Surely, in the wide realm of toxic substances there is material enough to form a *materia medica* on which we may always depend with the utmost confidence. If the maxim be true, "the stronger the poison, the greater the remedy," why should we not say "the more virulent and dangerous the disease, the more active, potent and reliable must be the remedy on which we depend?"

One word more and I have done.

We have abundant evidence that this drug — baptisia — does not possess any very active qualities.

It would seem as if more had been claimed for it than the facts as demonstrated by provings warrant.

The homœopathicity of the drug to fevers of any sort, is as yet far from established.

Its history would indicate that empiricism is its chief recommendation.

The provings now on record are very far from satisfactory, and the one upon which most of its claims are founded is to be looked upon with reserve at least, if it is to be thought of at all.

Is it not our duty as followers of the wise teacher with whose words this paper was opened, to be well assured that we "possess a *perfect knowledge* of the medicinal power" of this and all other drugs before we allow ourselves to regard any of them as similar to the diseases we are daily called to combat?

SOCIETIES.

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WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The annual meeting was held at the Society's rooms, No. 13 Mechanic street, Worcester, on Wednesday, Nov. 13th, 1889, the President, Dr. Edw. L. Mellus, of Worcester, in the chair.

The reports of the Secretary and Treasurer were read and accepted.

The following names were proposed for membership and referred to the Board of Censors: Dr. F. W. Patch, of South Framingham, Dr. J. F. Worcester, of Clinton, and Dr. Geo. P. Sword, of Worcester.

The Censors reported favorably upon the name of Dr. A. E. Perkins, of Ashburnham, and he was accordingly elected to membership.

The election of officers for the ensuing year resulted as follows :

President.—Dr. J. P. Rand, of Worcester.

First Vice-President.—Dr. G. F. A. Spencer, of Barre.

Second Vice-President.—Dr. Lamson Allen, of Southbridge.

Secretary and Treasurer.—Dr. Edward D. Fitch, of Worcester.

Librarian. — Dr. E. A. Fisher, of Worcester.

Censors.— { Dr. Chas. L. Nichols, of Worcester.
 { Dr. G. H. Wilkins, of Palmer.

 { Dr. N. E. Paine, of Westboro.

After the election of officers, Dr. G. F. Forbes, Chairman of the Bureau of Neurology, Dermatology and Ophthalmology, was called to the chair, when the following programme was proceeded with :

The first paper, "A Case of Cerebral Tumor," was read by Dr. N. Emmons Paine. The doctor gave a clinical history of the case, and showed the location of the tumor by means of charts, and also by the pathological specimen. By means of drawings he pointed out very accurately the portions of the brain encroached upon by the tumors, and the symptoms resulting from their pressure upon the different nerve centers. Upon motion of Dr. Nichols, the Society extended a vote of thanks to Dr. Paine, for his very able and scientific paper.

The second paper was by Dr. C. Otis Goodwin, subject, "Eczema." He gave a few points in regard to the etiology, symptomatology, and treatment of the disease in question. He then spoke of the two classes of medical opinion upon the subject of skin diseases generally, the "localists" and the "constitutionalists," with a few words upon the Psora theory of Hahnemann, and of the dangers of suppressing skin diseases by local applications. There was some little discussion upon the treatment of eczema, the doctors, as a rule, not favoring local applications very much, and finding the remedies most frequently used to be croton tig., graphites, and arsenicum, with sulphur as an intercurrent. Dr. Brown said he had cured cases of eczema of the hands in housewives, by insisting that they keep their hands out of water and use no soap. Dr. Warren found dry heat — either holding over fire or by application of hot irons — more valuable than anything else in relieving the pain and itching of eczema. Dr. Mitchie, of Springfield, said that he was always able to relieve the itching of eczema with the following : R—zinc oxide 3j., pulv. camphor 3ij., vaseline ʒj.

Adjourned for dinner.

At the afternoon session, Dr. Mellus presented a specimen of double placenta, with single child and cord.

Dr. O. W. Roberts read a paper giving history and treatment

of a case of intestinal occlusion, and also exhibited to the Society the pathological specimen from the autopsy. The constriction of the cæcum at ileo-cæcal union would barely admit passage of blow-pipe, showing abundant reason even for the failure of "heroic" treatment in the way of blue mass, tincture of rhubarb, etc., which was finally adopted at the advice of the consulting old-school physician, to produce a cure.

Dr. Pratt read a paper upon typhoid fever, giving etiology, symptomatology, and treatment. Relies mainly upon baptisia, and eucalyptus, also podophyllum, and terebinth. He dwelt especially upon the importance of rest in the treatment of these cases no matter how mild. Had found more liability to hæmorrhage in the mild cases than in the more severe, chiefly he thought from the fact of rest not being insisted upon so strenuously in the former.

Dr. E. A. Clark gave an interesting account of two autopsies, together with history of the cases. They showed how difficult it often is to make a correct diagnosis, and how the real disease is sometimes masked by symptoms which point to an entirely different trouble.

Dr. G. F. Forbes read an interesting and practical paper, taking a case of neurasthenia for his subject. He detailed the history of the case from childhood, showing the evil effects of the forced education of children by proud mothers. This furnished the text for some very sensible words upon the modern tendency of fond mothers in the education of their daughters.

Dr. Paine heartily endorsed the ideas presented in the paper, and thought it was time to cry halt on the "fashionable education" of our young people, which in no wise fitted them for the duties of life.

At 4 P.M. the meeting adjourned.

EDWARD D. FITCH, M.D., *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

THERAPEUTICS OF NERVOUS DISEASES: INCLUDING ALSO THEIR DIAGNOSIS AND PATHOLOGY. By Charles Porter Hart, M.D. Philadelphia: F. E. Boericke, 1889. 268 pp.

In these days when patients suffering from all forms of nervous disease are the common woe of every physician, a work on the diagnosis and treatment of nervous diseases needs no apology for appearing. Dr. Hart's book is sure of a wide welcome. It is concise, conservative and practical. The brief chapters given to each affection, include remarks on the diagnosis, with, in many instances, tabulated symptoms to aid in the differential

diagnosis of perplexing cases ; a repertory of remedies, with indications ; notes on pathology and clinical experience, and also on auxiliary treatment ; the latter section containing many hints of extreme value. Diet is often referred to, but considering the highly important, one may almost say the primary part which dietetics now plays in the treatment of nervous disease, a separate section devoted to the subject would hardly, in our opinion, be amiss. The remedies recommended are, we note with pleasure, selected chiefly from our best established and well-proven ones. The work as a whole is invaluable for quick consultation, and will, no less, repay a more exhaustive study.

AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY.

By T. Henry Green, M.D. Sixth American, from the seventh English edition. Revised and enlarged by Stanley Boyd, M.B., B.S., F.R.C.S. Philadelphia: Lea Brothers & Co. 539 pp.

A book of such high merit as the one before us, and one that has passed through as many editions, certainly needs no introduction to the profession. Mr. Stanley Boyd, who assisted in revising the last edition, has subjected the work to thorough revision, and has made many alterations to suit it more perfectly to present knowledge. An addition of nearly 60 pages has been made ; the text rearranged ; a chapter on Fever added ; the accounts of degenerative processes recast ; additions to the subject of Infective Granulomata made ; a section on Rhinosclerom inserted ; and the chapter on Vegetable Parasites rewritten. Seventeen new illustrations have been added, including several micro-photographs. Among minor changes may be noted the refinement of spelling *Leuchæmia*,—formerly *Leukæmia*. The book has lost none of its terseness and lucidity of description and interpretation of facts, and is still cautious in dealing with things theoretical. It is unquestionably destined to retain the popularity won by former editions.

A TEXT-BOOK OF ANIMAL PHYSIOLOGY. By Wesley Mills, M.A., M.D., L.R.C.P. New York: D. Appleton & Co., 1889. 700 pp.

We have no hesitation in pronouncing this to be an epoch-making book. Its methods are daringly original, fresh and powerful ; its conclusions positive and not infrequently novel. It is a work which to the intelligent student will put the study of physiology on a wholly different basis, from that on which it has hitherto rested in his thought : will disabuse him forever of the idea, that physiology is a "first year study," to be systematically and comfortably forgotten as soon as an examination is safely passed. In his preface, Dr. Mills explains his purpose in

the preparation of his book, so lucidly and so tersely, that we cannot do him better justice than by a few quotations.

"The comparative method, the introduction of the teachings of embryology and of the welding principles of evolution as part of the essential structure of zoölogy, may be said to have completely revolutionized that science; and there is scarcely a text-book treating of that subject, however elementary, which has not been moulded in accordance with these guiding lines of thought. So far as I am aware, this cannot be said of a single text-book on the subject of physiology. Feeling therefore that the time had come for the appearance of a work, which should attempt to do, in some degree at least, for physiology what had been so well done for morphology, the present task was undertaken. . . . I think any one who will examine the methods and reasoning of the physiology of the day, will not fail, on close scrutiny, to recognize a tendency to speak of certain conclusions, for various organs (and functions,) as though they applied to these organs in whatever group of animals found; or at all events, for man; no matter what the species of the animal that had been experimented upon. . . . I have strongly protested against such methods as illogical. . . . Conclusions such as this method implies, would not be tolerated in the subject of morphology. . . . Treating, as we do in our books, each subject in a separate chapter, there is . . . the greatest danger that the student may get the idea that each function of the body is discharged very much independently; accordingly there has been, throughout, a most persistent effort made to impress the necessity of ever remembering the absolute dependence of all parts. Unless this be thoroughly infused into a student, it is impossible that he can ever understand the wide world of natural objects, or the narrower one of unnatural (in a sense) organisms, as seen in a hospital ward An attempt has been made to use embryological facts to throw light upon the different functions of the body, and especially their relations and interdependence."

From even these brief extracts, an insight can be gained into the author's plan and aims. Both have been carried out with the utmost ability. The student of this strong and fine work, will obtain an invaluable glimpse of how the study of physiology has its sources far back, through the complex and fascinating facts of biology, and kindred sciences, in the hidden mysteries of the origin and evolution of life. He will deeply, also, take the lesson to heart, of how physiology is bound by links that cannot be broken, to pathology and to clinical medicine. His horizon will be expanded, his enthusiasm quickened, and his mind wholesomely humbled by a new comprehension of the

vastness of the domain of science into which he set foot when matriculating as a medical student.

We warmly and unreservedly commend the book to all thinkers to whom physiology is of interest. It is amply and well illustrated.

THE STUDENT'S AID SERIES. Vols. I to VI inclusive. New York : G. P. Putnam's Sons. 1889.

A more unique, useful and delightful series of little books could hardly be imagined, than the "Student's Aid Series." They are literally what their title indicates : short, pithy, suggestive talks, on all the topics of interest to the student of medicine, graduate and undergraduate. The "condensed mental food" system has rarely found more attractive illustration. The scope and character of the volumes can be best stated by this summary of their contents : Vol. I. Aids to Diagnosis. II. Aids to Therapeutics and Materia Medica. III. Aids to Medicine. IV. Aids to Obstetrics and Gynecology. V. Aids to Anatomy, Surgery and Physiology. VI. Aids to Chemistry, Forensic Medicine and Toxicology. As is inevitable where all fields are covered, not statements but hints are given ; the books are intended to quicken the memory and supplement the thought of the intelligent and hard-working student, and not to "cram" the negligent one. The first chapter of the first volume—a talk on aids to diagnosis, by the late and deeply lamented J. Milner Fothergill—is in itself worth the full price of the six books.

It dwells, in Dr. Fothergill's unique, vital, convincing fashion of teaching, on the necessity of the accurate education of the eye,—that ever-present aid, "which can never be forgotten or mislaid"—as a means of examination for diagnosis. The hundred subtle signs which an educated eye can and will constantly note in patients brought to a physician for examination, Dr. Fothergill justly considers of as much importance as the signs detected by instruments of precision. A richer chapter than this, we can hardly recall in any published work. Every student should commit it to memory, verbatim if necessary, and act upon its suggestions in every hour of his practice.

The series as a whole is to be commended without qualification. It is charmingly ornamental in general make-up.

OTIS CLAPP & SON'S VISITING LIST AND PRESCRIPTION RECORD remains, as always since its first appearance, the ideal memorandum-book for the homœopathic physician. No marked changes are to be noted in its make-up since last year : its introductory pages are full of useful hints ; its binding is handsome and substantial, and its printing, etc., leaves nothing to be desired.

THE MEDICAL NEWS VISITING LIST FOR 1890, is a neat and handsome little volume, brought thoroughly up to date, and like its predecessors, deserving wide popularity. Its memoranda condense a great amount of useful information, including notes on disinfection, the examination of the urine, poisons and antidotes, diagrams to facilitate auscultation and percussion, etc. It is published in three styles: weekly, dated; monthly, undated; and perpetual, undated. Price in any style, \$1.25. The binding is durable and noticeably rich in effect. Philadelphia: Lea Bros. and Co.

P. Blakiston, Son, & Co.'s PHYSICIAN'S VISITING LIST can, in this the thirty-ninth year of its publication, boast such a seniority of popularity over most of the magazines which will be called on to give it welcome, that praise on their part becomes a superfluity. It presents all its usual admirable features; substantial leather binding, memoranda of much "emergency" information illustrated with diagrams, etc.

PERSONAL AND NEWS ITEMS.

DR. E. H. COOK has located at Norway, Maine.

DR. G. W. BROWN has removed from Norway, Maine, to Winsted, Conn.

DR. DWIGHT WARREN, formerly of Winsted, Conn., has removed to Denver, Colorado.

N. B. FORD, M.D., has removed from 15 Arnold Street, to 188 West Chester Park.

DR. E. F. SPAULDING has removed to No. 224 Huntington Ave. Office hours from 8 to 9 A. M., 4 to 5 P. M.

PHYSICIANS having obscure and troublesome cases, suspected of being lung trouble, should notice Dr. Rand's card, in the present number of the GAZETTE.

JULIA MORTON PLUMMER, M.D., has removed to 160 Huntington Avenue, (near West Newton Street.) Office hours: 9 to 11 A.M., 2 to 3 and 6 to 7 P.M.

F. H. PRITCHARD, M.D., B. U. S. M. '89, has settled at No. 9 Marble Street, (Madison Sq.,) Boston. Office hours, until 9.30 A. M., 3 to 4 P. M., usually evenings after 7 o'clock.

C. H. THOMAS, M.D., has removed from 96 Ellery Street, to 427 Broadway, Cambridge, Mass., where letters for the Secretary of the Alumni Association should be addressed.

THE fair in aid of the Boston Homœopathic Dispensary will be held at 53 Blue Hill Avenue on December 16th, and not on December 26th, as was erroneously announced in our last issue.

A HOMŒOPATHIC physician desires to sell his practice at once. Location desirable and within five miles of Boston. Has good reasons for selling. For particulars address "A. B. C.," care Otis Clapp & Son, 10 Park Square, Boston.

DR. F. W. RICH, having lately settled at Savannah, Ga., wishes to announce to the profession that he will take pleasure in giving professional attention to any of their patients who wish to avail themselves of the southern climate during the winter months. Corner of Jones and Lincoln Streets.

HENRIK G. PETERSEN, M.D., '89, has matriculated at Berlin University, where he pursues theoretical and practical studies of nervous diseases at the clinics of Prof. Dr. E. Mendel, Prof. C. Westphal, and Privatdocent Dr. Oppenheim. During about a year's absence these studies will be continued at Vienna, Nancy, and Paris.

CAROLINE E. HASTINGS, M.D., has removed to 160 Huntington Avenue, (near W. Newton Street.) Office hours: until 8.30 A.M., 11 A.M. to 1 P.M., 3 to 4 P.M. Monday excepted, 6 to 7 P.M. In her removal, Dr. Hastings has made special provision for conducting laboratory work, and having fitted herself by courses at the New York Polyclinic, and with Dr. C. Heitzmann, is prepared to make microscopical examination of tumors, blood, sputum (for suspected bacilli), pus and other morbid secretions. Very careful attention given to the examination of urine, both chemical and microscopical.

DR. E. M. HALE.—CACTACEÆ.—As a member of the Bureau of Materia Medica and Therapeutics in the American Institute of Homœopathy, I have selected as the subject of my paper: "The Pathogenetic and Therapeutic Properties of the Cactaceæ. The number of known genera in this family is 18, and of species, about 800. I desire to include in my paper all medical information concerning any species. I urgently solicit physicians of any country to send me all observations relating to the toxic and curative powers of any member of this important family, before June 1, 1890. E. M. HALE, M.D., Chicago, Ill.; 65 22d St.



JOSEPH JEFFERSON.—"The Century Magazine" in 1890. Joseph Jefferson's Autobiography—Novels by Frank R. Stockton, Amelia E. Barr, and others—A capital programme.—During 1890 *The Century Magazine* (whose recent successes have included the famous "War Papers," the Lincoln History and George Kennan's series on "Siberia and the Exile System") will publish the long-looked-for Autobiography of Joseph Jefferson, whose "Rip van Winkle" has made his name a household word. No more interesting record of a life upon the stage could be laid before the public. Mr. Jefferson is the fourth in a generation of actors, and with his children and grandchildren, there are six generations of actors among the Jeffersons. His story of the early days of the American stage, when, as a boy, traveling in his father's company, they would settle down for a season

in a Western town, playing in their own extemporized theatre,—the particulars of the creation of his famous "Rip van Winkle," how he acted "Ticket-of-Leave Man" before an audience of that class in Australia, etc.,—all this, enriched with illustrations and portraits of contemporary actors and actresses, and with anecdotes, will form one of the most delightful serials *The Century* has ever printed. Amelia E. Barr, Frank R. Stockton, Mark Twain, H. H. Boyesen, and many other well-known writers will furnish the fiction for the new volume, which is to be unusually strong, including several novels, illustrated novelettes, and short stories. "The Women of the French Salons" are to be described in a brilliant series of illustrated papers. The important discoveries made with the great Lick Telescope at San Francisco (the largest telescope in the world) and the latest explorations relating to prehistoric America (including the famous Serpent Mound, of Ohio) are to be chronicled in *The Century*. Prof. George P. Fisher of Yale University is to write a series on "The Nature and Method of Revelation," which will attract every Bible student. Bishop Potter of New York will be one of several prominent writers who are to contribute a series of "Present-day Papers" on living topics, and there will be art papers, timely articles, etc., etc., and the choicest pictures that the greatest artists and engravers can produce. Every bookseller, postmaster, and subscription agent takes subscriptions to *The Century* (\$4.00 a year), or remittance may be made directly to the publishers, THE CENTURY Co., of New York. Begin new subscriptions with November (the first issue of the volume) and get Mark Twain's story, "A Connecticut Yankee in King Arthur's Court," in that number.





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